

ANNUAL PROGRESS AND SERVICES REPORT

COMPREHENSIVE CHILD AND FAMILY SERVICES STATE PLAN

FY 2010-2014

This Comprehensive Child and Family Services State Plan details the goals, objectives, program plans, services and service delivery strategies put in place by the State of Kansas for the five year time period FFY 2010-2014. This is the second report to be submitted for the state's fourth 5 year plan.

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FFY 2010-2014

INTRODUCTION

This Comprehensive Child and Family Services State Plan details the goals, objectives, program plans, services and service delivery strategies put in place by the State of Kansas for the five year time period FFY 2010-2014. This is the second report to be submitted for the state's fourth 5 year plan. The Department of Health and Human Services Administration of Children and Families (ACF) approved Kansas' second Program Improvement Plan (PIP) with an implementation date of October 1, 2008. Kansas' PIP is comprised of action steps and goals that have short term and long term impact throughout the life of the 5 year state plan which are interwoven throughout this plan.

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

The **Integrated Service Delivery Division (ISD) of Social and Rehabilitation Services** serves clients by providing services in offices and at access points located throughout the state. The Division is comprised of Economic and Employment Support, Children and Family Services, Rehabilitation Services and Child Support Enforcement. Services are provided directly by the division or through community partnerships. The division's work encompasses services to children, to families with children, and to vulnerable adults or adults who have special needs. The overarching emphasis is to secure a safe, permanent and self-sufficient environment for the individuals and families who are its customers.

A significant emphasis is placed on a customer service approach. SRS places the customer at the center of its planning efforts, policy development, program implementation procedures and practices. Customer outcomes drive decision making at all levels of the organization. To more appropriately demonstrate this philosophy the agency seeks meaningful ways to engage customers in contributing to the improvement of the supports and services provided or paid for by SRS.

Children and Family Services (CFS) is part of the Integrated Service Delivery Division and responsible for administering the State's child welfare programs under:

- Title IV-B, subpart 1, Stephanie Tubbs Jones Child Welfare Program;
- Title IV-B, subpart 2, Promoting Safe and Stable Families;
- The Adoption and Safe Families Act, P.L. 105-89;
- Title IV-E, Federal Payment for Foster Care and Adoption Assistance, P L. 96-272;
- The John H. Chafee Foster Care Independence Program, and
- The Child Abuse Prevention and Treatment Act (CAPTA).

The provisions of these Acts are incorporated into and implemented through the Kansas Code for Care of Children (CINC). After several years of review, a revised CINC code was passed by the 2006 Kansas Legislature and took effect January 2007. The Revised Kansas Code for Care of Children [KSA 38-2201etseq.] may be found at: <http://www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/38-2201.html>.

During the 2009 legislative session, SB 134 limited courts' jurisdiction in CINC cases to the child's 18th birthday or graduation from high school the year of the 18th birthday, contingent upon a court approved transition plan. Further, the bill clarified that the transition plan would include educational and employment services, as well as any services for which a disabled adult would be eligible (i.e. HCBS). The bill limits authorization of SRS custody for non maltreatment cases to ages 15 and younger, unless the child has no identifiable parental or family resources.

During the 2010 legislative session, the Judicial Council proposed bill, SB 460, was submitted and passed by the Kansas legislature. When it becomes effective on July 1, 2010, SB 460 will provide a formal process for preserving custody orders when a child in need of care or juvenile offender case closes; the formal means to initiate a child in need of care petition when the judge determines it is best for a child during the course of any other civil custody case and assures that custody orders entered in CINC or JO proceedings take precedence over any other pre-existing custody orders.

The Agency's Mission and Vision

Mission: to protect children and promote adult self-sufficiency

In 2006 and 2007, SRS began initiatives to connect children, youth and adult consumers to evidence-based prevention strategies that address the risk factors to which they are exposed. This agency-wide initiative was designed to improve customer service, decrease the need for further additional services by those coming into contact with the agency, increase cross-agency collaboration, and reduce the need for crisis management. SRS actively supported prevention efforts in the past and, through this initiative, became more purposeful about integrating prevention throughout all program areas.

The agency's efforts focused on the following six risk factors to target service delivery to more effectively address the issues that place SRS customers at risk.

1. Poverty - Conditions of extreme deprivation, poor living conditions, high unemployment
2. Low Attachment and Community Disorganization - Sense of inability to change environmental conditions compounded by fragmented supports
3. Early Initiation (Age of Onset) - Involvement at an early age in destructive and dysfunctional behaviors increases the likelihood of the issues escalating to serious levels of intensity
4. Individual and Family History - Exposure increases the likelihood that individuals (including children) become involved in destructive behaviors
5. Family Management - Unclear expectations, failure to supervise and monitor, and excessively severe, harsh, or inconsistent punishment
6. Family Conflict - Persistent, serious conflict between primary caregivers or between caregivers and children

Outcomes SRS seeks to achieve:

As the cornerstone of measuring success SRS uses its mission to protect children and promote adult self-sufficiency. The agency's charge includes promoting the well-being of families and assisting individuals to achieve success in their lives. The broad, overarching outcomes SRS seeks to achieve include:

- Children thrive.
- Families and individuals achieve maximum self-sufficiency.
- Families and individuals live in safe, stable and supportive environments.
- Customers are satisfied with services.

Measurable results:

With this focus in mind, the agency will continue to emphasize the following measurable results:

- Performance improvements in long-term outcomes for Kansas individuals and families;
- Reduction in the need for crisis and intervention related services;
- Strengthened partnerships with community organizations.

GOALS AND OBJECTIVES OF THE 5 YEAR PLAN FFY 2010-2014

As part of the Integrated Service Delivery Division, Children and Family Services staff works with families and communities to provide safety and permanency for children. Kansas' child welfare practice sets forth the **vision "all children are safe in nurturing families and communities" and a mission to achieve prevention, protection and preservation in child's time.** The agency strives for sound decision making at all levels, as well as, access to services to ensure safety in a family's own home, timely permanency for children removed from the home and positive well-being at every service point. The primary strategies of the Program Improvement Plan are:

- Develop mechanisms to assess safety throughout the life of the case.
- Improve assessment processes and increase competencies in case planning that effect stability and timely permanency.
- Increase continuity of family relationships through matching initiatives, and placement resources for older youth, and children and youth with challenging behaviors.
- Improve engagement with fathers in case planning and worker contact practices.
- Increase frequency and quality of worker-child contacts.

Goals of the 5 Year Plan compliment and extend upon the Program Improvement Plan's primary strategies and action steps. The PIP focus is child safety, permanency, and well being outcomes for children and families. Goals and objectives of the 5 Year Plan enhance the PIP with incorporation of prevention and reduction of the number of children coming into care.

Goal #1 Safely reduce the number of children in out of home placement through custody prevention and timely permanency.

Objectives:

- Interim benchmark: Statewide, safely reduce the number of children entering custody of the Secretary and removed into out of home placement to 3,190 or less annually.
- Strategic long-term Benchmark: Safely and progressively reduce rates of removal for counties with high rates of removal.
- Interim Benchmark: Successfully meet negotiated PIP improvement goal of 120.7 for timely reintegration.

- D. Interim Benchmark: Successfully meet negotiated PIP improvement goal of 100.35 for timely adoption.
- E. Strategic (Long Term) Benchmark: Demonstrate progressive improvement in performance with the national data standard for timely reintegration and adoption.

Measures of Progress (corresponding to Goal 1 objectives):

- A. Safely reduce removals into out of home placement by 14% from the number of children removed in SFY2008. The number of children entering the custody of the Secretary and removed into out of home placement in a state fiscal year time period will be equal to or less than 3,190. Information is tracked and reported via state routine management and legislative reports, and made public via internet. The data source for removal information is the state child welfare information system FACTS, which is the source of AFCARS reporting. Kansas is meeting the benchmark and negotiated PIP improvement goals of timely reintegration and adoption. The number of children removed into care during the first 9 months of SFY2010 (n=2,506) increase by 7.8% when compared to those removed in the first 9 months of SFY2009 (n=2,325). See Page 29 for information about Custody Prevention Projects.
- B. For counties with more than 30 children removed into care in a state fiscal year and rates of removal per 1,000 children at or above 6.5, reduce the rate of removal by any amount within 24 months of the year of high removal rate. Tracking methodology will utilize routine annual removal rate report with FACTS removal information as the data source. The counties with more than 30 children removed at a rate of more than 6.5 per 1,000 children during SFY2007 were Shawnee, Wyandotte, Reno, Crawford, Lyon and Cowley. In SFY2009, all 4 counties reduced rates. Shawnee County improved from 10.1 to 7.7, Wyandotte from 6.7 to 4.8, Reno from 9.9 to 6.7, Crawford from 16.5 to 10.7, Lyon from 7.9 to 5.7, and Cowley from 7.2 to 5.4.
- C. State run data from SPSS data tools using AFCARS file data and ACF data profiles toward meeting PIP requirements. At the end of FFY2009, the results on timeliness and permanency of reunification were 116.9.
- D. State run data profiles from SPSS data tools using AFCARS file data and ACF Data Profiles toward meeting PIP requirements. The goal of timeliness of adoptions was met FFY2009, with measurements indicating rates of 132.1.
- E. State run data profiles from SPSS data tools using AFCARS file data and ACF Data Profiles toward meeting PIP requirements. As noted by the above outcomes, the goals of timely reintegration and adoptions continue to improve.

Goal #2 Improve safety management with families and assure wellbeing for children and families

Objectives:

- A. Interim Benchmark: Maintain procedures and tools to assess safety throughout the life of the case.
- B. Strategic (Long Term) Benchmark: Achieve standards for timely worker child visits
- C. Strategic (Long Term) Benchmark: Achieve standards for quality worker child visits

Measures of Progress (corresponding to Goal 2 objectives):

- A. Meet negotiated improvement goal that 82.3% of (qualitative) case review results reflect the agency conducted ongoing safety assessments and updated safety plans through the life of the case. Qualitative Case review results are posted on the agency website and included in PIP Part

- C. This goal was achieved in SFY2009. Data indicates that on-going safety assessments were completed at rates of 84% in Q1, 91% in Q2, and 85.9% in Q3.
- B. Achieve targeted performance rates for FFY 09-11 (70% in FFY09, 80% in FFY10, 90% in FFY2011) with regard to monthly frequency and location of worker child visits. Methodology is worker child contact reports submitted from system data for FFY as required in annual report submission. The performance rate for worker/child visits was 88.6% in FFY 2009.
- C. Meet negotiated improvement goal that 68.3% of (qualitative) case review results reflect quality, and progressively improve performance with that rate toward 90% after PIP period ends. Qualitative Case review results are posted on the agency website and included in PIP Part C. The goal of quality worker/child visits was met in SFY 2009 with a rate of 83.7% in Q3.

Goal #3 Assure racial equity as a standard outcome for children in care

Objectives:

- A. Interim Benchmark: Fulfill duties of Governor's Initiative to identify jurisdictions that face racial inequity in rates of removal into foster care, and work with proximity teams toward recommendations to the Kansas Governor regarding approaches to address issues of over representation of African American children entering foster care.
- B. Strategic (Long Term) Benchmark: Create parity in removal rates for African American children removed into out of home placement foster care.

Measures of Progress (Corresponding to Goal 3 objectives)

- A. Timely Deliverables
 - a. Timely report to the Kansas Governor regarding the Equity in Foster Care Initiative (Due Nov. 2009) The Equity in Foster Care Report was submitted to the Kansas Governor timely.
 - b. Review, coordination and, or, implementation of recommendations in the report to the Governor as determined. A few of the original six teams are continuing to address the issue of racial equity of entry into foster care in their communities. All six teams submitted their recommendations last summer/fall and those recommendations were incorporated into the final report submitted to the Governor's office in the Fall of 2009. The Labette and Crawford county team has met as a team since the final report and have decided to continue to address issues of racial equity in entry into foster care within ongoing coalitions and organizations within their communities. The team in Shawnee County has continued to meet since the recommendations were provided last summer for the final report. In an effort to try to work collaboratively with other groups interested in this topic, members of the Shawnee county group met with the Juvenile Justice group of Shawnee county to discuss common goals related to racial equity in foster care. A decision was made to combine the two groups and focus on how to actively address the issues of disproportionality. Other teams have not met formally since their recommendations were submitted last summer, but some have incorporated information learned from team meetings into initiatives and continue to track outcomes related to racial equity of entry into foster care.
- B. Reduce by .5 points the disproportionality metric (DM score) in a minimum of 3 Kansas counties (jurisdictions) rated in SFY08 as moderate, high or extreme. Kansas Methodology source is U C Berkeley, Disproportionality and Disparity Tool. Reports regarding removal rates by race and county are run annually, integrated into management, public reports, and will serve as updates

regarding sustainability and accountability of the Governor's Initiative. Kansas has met the benchmark goal. Nine of the 13 counties (69%) indentified with moderate, high or extreme disproportionate entry into care in SFY 2008 reduced their metric score for SFY 2009. Of these 9, Shawnee and Leavenworth counties reduced by at least .5 points, and Ellis and Saline counties reduced scores to metric of less than 1.5 indicating proportionate entries into care for those counties. Kansas will continue to run reports at fiscal year end to track progress. Overall, the disproportionality metric decreased from 3.24 in SFY2008 to 2.76 in SFY2009.

http://cssr.berkeley.edu/CWSCMSreports/dynamics/disprop/Disproportionality_Disparity_Meth ods.htm

For further information see "Equity in Kansas Child Welfare and Juvenile Justice System," Attachment 1.

Goal #4 Increase stability in placement for children in care

Objectives:

- A. Interim Benchmark: Successfully meet negotiated improvement goal of 82.7 for data measure of placement stability. Kansas met the negotiated PIP improvement goal for stability in placement. The AFCARS FFY 09ab data profile indicated a percentage of 84.9.
- B. Strategic (Long term) Benchmark: Achieve progressive improvement toward the national data standard for placement stability. Kansas will continue to work toward meeting CFSR national standards.

Measures of progress (Corresponding to Goal 4 objectives):

- A. Interim - Completion of action steps in PIP regarding primary strategy three, increasing placement resources for older youth and children with challenging behaviors. Work on the actions steps in the PIP relating to placement stability continues. The final CFSR report was reviewed by the Kansas Child Welfare Quality Improvement Council, and recommendations for improvements made to the CFS Management Team. The recommendations were also shared with Child Welfare Case Management Providers who implemented them and continue to make improvements in the outcomes. The AFCARS FFY 09ab data profile indicated a percentage of 84.9.
- B. State run data profiles with SPSS data tools using AFCARS file data and ACF Data Profiles toward meeting PIP requirements. The results on placement stability were 80.8 in Q1 of the Program Improvement Plan. In Q6, State run data profile results were 85.8.
- C. Decrease the median length of stay in custody for adults ending custody to the Secretary from SFY2009 median information. The median length of stay in custody for adults ending custody to the Secretary has slightly increased from 23 to 25.5 median months in care comparing the first 9 months of SFY2009 to SFY2010.
- D. Positive feedback, or reduced systemic issues, regarding collaboration between child welfare and developmental disability organizations. Encouraging feedback has been received regarding policies and new forms to reflect transition planning, as well as ideas for improvement on collaboration with developmental disability organizations and documentation of an individual's provisions of self sufficiency.

Goal #5 Maintain connections for families and children served in CFS programs.

Objectives:

- A. Interim Benchmark: Increase efforts to engage fathers and assess the needs of fathers. Kansas has met the negotiated PIP improvement goals for engaging fathers in assessment and case planning. Various tools and practice models have been implemented which have improved engagement of fathers.
- B. Strategic Benchmark: Maintain involvement with both parents throughout case planning.

Measures of Progress (Corresponding to Goal 5 objectives):

- A. Through performance rates with qualitative case reviews, successfully meet negotiated improvement goal that 54.4% that fathers in child welfare programs have assessments of their needs completed. Qualitative Case review results are posted on the agency website and included in PIP Part C. Assessment of father's needs have improved from 51.3% in Q1 to 69.0% in Q6.
- B. (1) Through performance rates with qualitative case reviews, successfully meet negotiated improvement goal that 57.9% of cases reflected the agency makes efforts to actively involve the father in case planning processes. Qualitative Case review results are posted on the agency website and included in PIP Part C. Improvements in father involvement in case planning have resulted in performance outcomes of 54.7% in Q1, and 71.2% in Q6.
(2) Through performance rates with qualitative case reviews, demonstrate continuous improvement toward 90% of cases reflect the agency makes efforts to actively involve the mother in case planning processes. Qualitative Case review results are posted on the agency website. During SFY2010, efforts were made for mothers to be involved in the case planning process 90% of the time.

Child and Family Services Review (CFSR), Child Welfare Case Management Provider and special project Outcome Measures and Performance Reports will be monitored throughout the five year time period to assess progress to determine areas needing program adjustments or new initiatives to reach the intended goals.

Consultation and Coordination

Children and Family Services consults and coordinates with a wide variety of stakeholders; family members, youth, Tribal representatives, Child Welfare Case Management Provider organizations, Medicaid, contracted providers and other divisions of SRS representing mental health, developmental disabilities, Economic and Employment Support, child day care, Head Start programs, family violence and Child Support and Enforcement. Coordination of programs is consistent and ongoing both at the state and community levels.

Two examples of community involvement and child welfare program coordination are described in the draft report of the Placement Stability Study referenced later in this Narrative.

- Positive working relationships between staff from the central to the regional to the local offices in both SRS and St Francis Community Services helped children get initially placed.
- There were many examples of collaboration between schools, mental health, CASA, resource parents, and SRS and St. Francis staff to support difficult placements and to recruit resource parents.

Evidence of wide ranging involvement in strategies to meet state plan requirements can be seen in the development of the RFP proposals for the services delivered by the Child Welfare Case Management providers which began with statewide community meetings to solicit input for shaping the proposals.

The providers written responses led to the family preservation and reintegration, foster care, adoption service delivery contracts for 2010-2014.

RFPs for community service grants were received during SFY2010 and included a broad range of services and agencies. Grants were awarded to Heartland RADAC, Kansas Children's Service League (KCSL), KVC Behavioral Health, The Shelter, TLC for Families and Children, Catholic Charities, United School District (USD) 305, USD 475, St. Francis Community and Residential Services, 20th Judicial Justice Services, Associated Youth Services, Cowley County Truancy Program, TFI Family Services, Community School Connection Program, Four County Mental Health Center, Restorative Justice Authority, Area Mental Health, and Communities in Schools. Services provided range from truancy prevention to Early Headstart in-home supports. See Attachment 2 for further information.

In relation to development of the Program Improvement Plan and this subsequent Annual Progress and Services Report, work groups met from November 2007 to January 2008. CFS program staff incorporated Work Group recommendations into the PIP. Workgroup members continued their involvement as State PIP Team Members through standing advisory councils, committees, and working on special projects associated with specific primary Strategies and Action Steps. They continue their involvement with preparation of the ACF quarterly reports and providing input into the State IV-B Plan submission.

The APSR Narrative was reviewed by a wide variety of stakeholders including the tribes to receive input and suggested changes. The draft narrative was sent to stakeholders for reading and personal review including tribal staff. On May 20, 2009 a statewide video teleconference was held to further explain and discuss APSR content and expectations. Helpful comments were received and changes made in the Narrative as comments necessitated changes. One change suggested by a Child Welfare Case Management Provider staff was to reinforce in writing the efforts which are made to engage and work with non custodial parents, fathers.

CHILD ABUSE AND NEGLECT STATEWIDE INTERVENTION

The foundation of the Kansas child protection system is the Kansas Protection Report Center network. The Kansas Protection Report Center receives reports regarding Child In Need of Care allegations statewide, 24 hours/day and 7 days/week including holidays. Administrative specialists receive reports of abuse and neglect via telephone interviews. In addition to reports received by telephone, reports are accepted via e-mail and faxes. Within the upcoming year, an on-line report feature will be added. Once a report is documented, social workers determine whether the report meets the statutory definition of abuse and neglect under the Kansas Code for Care of Children. The Code also requires assessment for family situations where there is not alleged abuse/neglect including without proper parental care and control, truancy, and runaways. Formalized intake training developed by the Butler Institute created a professional development path for all Protection Report Center staff. The agency continues to use the training developed by Butler Institute for training administrative specialists and social workers assigned to the Kansas Protection Report Center.

In November 2009, SRS began consolidating the functions of seven Protection Reports Centers across the state into two locations. The Kansas Protection Report Center was fully consolidated in December 2009 in Topeka and Wichita. The Topeka location continues to provide the 24/7 availability and the Wichita location operates during regular SRS business hours. The same single toll free number is utilized and during regular SRS business hours, calls are routed to both Kansas Protection Report Center

locations. In March 2010, an internet based system to document reports received and decisions for further assessment was implemented. With the addition of this new system, reports are accessible statewide at any step through the intake and initial assessment process and allow the two locations to work jointly for timely completion of reports. Both the consolidation and new system have created efficiencies in the procedures of the Kansas Protection Report Center.

Once a report is assigned for investigation and/or assessment, a social worker in the local office serving the geographic area where the family resides responds as indicated to the reported concerns. The social worker is responsible to make face to face contact to determine safety and assessment of risks present in the family situation. In addition to assessment, if the report alleges abuse and/or neglect, the social worker makes a determination if abuse and/or neglect is substantiated or unsubstantiated. The social worker's assessment helps determine if the child can remain safely in their home. Options considered for preventing out of home placement include, but are not limited to: removal of the perpetrator, a safety plan to address the identified safety factors, identifying relatives or kinship resources, referral to family services, family preservation services and/or community resources.

The Safety/Risk Assessment

A Program Improvement Plan strategy is to assure safety throughout the life of the case and identification of families who may need additional services to avoid repeat maltreatment. In consultation with the National Resource Center for Child Protective Services (NRCCPS), a review of the current risk/safety assessments determined the tools had the essential content recommended to determine service decisions, including extent of child maltreatment, circumstances surrounding the child maltreatment, child's functioning, discipline approaches and typical context used by care giver, parenting practices and care giver functioning. As a result of the review, some procedures were identified which could enhance gathering safety information beginning at intake and standardizing the information gathered for assessments. Beginning with the receipt of a report at intake, SRS has revised procedures and forms. The revisions include receiving feedback from SRS social workers and administrators statewide. All Children and Family Services staff received training prior to implementation of any new procedures or forms.

Recently, the University of Kansas completed analysis of the risk assessment currently used in Kansas including recommendations for possible future revisions. SRS anticipates continued work with NRCCPS and additional consultation with the University of Kansas will result in enhancements to information gathered and documented for assessments of safety and risk.

Infants Abandoned At or Shortly After Birth

Infants abandoned at or near birth are covered in Kansas by the provisions of the **Newborn Infant Protection Act K.S.A. 38-2282** which states, "a parent or other person having lawful custody of an infant which is 45 days old or younger and which has not suffered bodily harm may surrender physical custody of the infant to any employee who is on duty at a fire station, city or county health department or medical care facility. Such employee shall take physical custody of the infant surrendered and shall notify a local law enforcement agency immediately that the person has taken physical custody of an infant. Upon receipt of notice a law enforcement officer shall take custody of the infant as an abandoned child. The law enforcement agency shall deliver the infant to a facility or person designated by the Secretary."

The act goes on to explain any person, city or county agency or medical care facility taking physical custody of an infant shall perform any act necessary to protect the physical health or safety of the infant, and shall be immune from liability for any injury to the infant that may result. Upon request, all medical records of the infant shall be made available to the Department of Social and Rehabilitation Services and given to the person awarded custody of the infant. The medical facility providing such records shall be immune from liability for such records release.

CHILD ABUSE AND NEGLECT STATEWIDE TREATMENT SERVICES

Title IV-B Subpart 1 funding is utilized by the State of Kansas to provide family services, family preservation services, family reunification services and adoption support services. Service delivery is designed to protect and promote the welfare of all children, prevent the neglect, abuse or exploitation of children and support at-risk families through services allowing children to remain with their families or return to their families in a timely manner. Fund utilization also promotes the safety, permanence and well-being of children in foster care and adoptive families and provides training, professional development and support to ensure a well-qualified work force.

Promoting Safe and Stable Families Programs

SRS utilizes Promoting Safe and Stable Families monies for prevention, family support, time-limited family reunification and adoption support programs. They address prevention initiatives through agency-wide efforts to deliver services in the most comprehensive efficient way possible, while at the same time, building capacity in local communities to meet local needs. **Title IV-B, subpart 2, Promoting Safe and Stable Families** funds have been allocated statewide to provide family support, family preservation, time-limited family reunification services, and services to promote and support adoptions through the Child Welfare Case Management Provider (CWCMP) who offer a full array of services to meet these goals. The PSSF funded services delivered by the providers aim at:

- Protecting and promoting the welfare and safety of all children.
- Preventing or assisting in the solution of problems which may result in the neglect, abuse, exploitation or delinquency of children
- Preventing unnecessary separation of children from their families
- Restoring children to their families who may be safely returned by the provision of services to the child and family
- Assuring adequate care of children away from their homes
- Placing children in suitable adoptive homes where reintegration with the biological family is not possible or appropriate.

Family Services

Family services is considered when there is a need for SRS assistance and the identified services do not require the higher level of intensity that Family Preservation services provide. The difference between Family Services and Family Preservation is the degree of the crisis, related to safety and the potential removal of the child from the home. Family Services are direct services provided by SRS case managers specifically directed at alleviating situations that may eventually lead to placing a child outside his/her

home. Services are delivered to the family unit rather than to individual family members. However, individual family members may also receive specific services. Services address the stressors that place the child(ren) at risk of removal. Services also address the stressors impairing family functioning by enabling parents to meet their children's needs and building on the natural resources of the family and community. Services may be court ordered, recommended by SRS, or requested by the family. These services include the following characteristics:

- Services strengthen the family and promote the safety and well being of the children;
- Services are delivered primarily in the family home or community;
- Services are committed to reinforcing the strengths of family members, empowering the family to solve problems, and becoming self-sufficient;
- Services enhance parenting skills, family and personal self-sufficiency, family functioning, and reduce stress on families; and,
- Services, which are monitored, help families locate and use additional assistance, including but not limited to, the development and maintenance of community support systems, counseling and treatment services, housing, child care, education, job training, emergency cash grants, state and federally funded public assistance, and other basic support services.

Family Preservation Services (addresses goal 2 & 5)

Families in crisis and at risk for removal of their children into foster care are maintained intact in their own homes through intensive in-home family preservation services. With the assistance of family preservation services, families remain together by assuring adequate safety and well-being for all family members. In contracts beginning on 7/01/09 the Family Preservation program includes serving women using substances during pregnancy with or without children in the home. The program provides intensive in home family preservation services to families with one or more children at risk of out-of-home placement or will be at risk of out of home placement at birth. The referral period for contracted case management is for 365 days and is designed to eliminate barriers to child(ren) remaining safely at home. Formal assessment results are used to evaluate family attributes for safety, in-home permanency and well being. The family helps to define barriers for children remaining safely at home as well as to assist in identifying ways to overcome these barriers.

The Family Preservation approach is family-centered using evidence based practice models. Family services and supports are designed by building on the strengths of the family and are supportive, culturally competent and address the entire family as well as individual family members.

Family centered practices include:

- Engaging families in service design,
- Treating families with respect,
- Respecting families' privacy,
- Involving immediate, extended and kin family members and non-custodial parents as active partners in case planning,
- Providing services to families in their own homes,
- Linking families to community-based, diverse, and comprehensive supports and services, and
- Strengthening the capacity of families to function independently.

Family preservation services are concentrated and clearly defined with an emphasis on intensive, home-based services to families in crisis with children at imminent risk of placement. SRS makes the decision to refer a family for intensive in home family preservation services at any point during the intake and assessment process.

Services for family preservation referrals may be provided by the child welfare community based services case management provider or may be purchased from other entities. Services typically include:

- Initial safety assessments;
- On-going assessment and determination of family needs, strengths and well-being;
- On-going safety and risk assessments;
- Assistance in obtaining core support services (day care, respite care, employment, housing, etc.);
- Coordination of community resources for the family;
- On-going case evaluation and monitoring to assure effective service delivery;
- Family living skills;
- Family crisis intervention.

For pregnant women using substances, these services include addressing substance abuse treatment and related aftercare, prenatal health care, vocational assistance and case management. Assistance in removing barriers to treatment is also provided including family support, mental health services, domestic violence protection, child care, transportation, housing and other supportive services.

Referral criteria includes a family with a pregnant woman who abuses alcohol and/or drugs or a family in crisis that has child(ren) at risk of removal. When children are at risk, there must be a parent/caregiver available to protect the child(ren) and willing to participate in the services. Family preservation services are initiated based on SRS assessments the pregnant woman is abusing alcohol and/or drugs or children are at risk of removal and the family is willing to engage in services.

The following are some examples of potential referrals:

- Families with women using alcohol and/or drugs during pregnancy,
- Families with child(ren) who are alleged or substantiated as victims of abuse or neglect,
- Families with child(ren) who are truant due to failure to attend school along with other non-abuse/neglect issues,
- Families with parents and/or child(ren) who use or abuse substances,
- Families with child(ren) in police protective custody and placed in temporary emergency shelters,
- Families with mental/emotional illness when the issues have been stabilized and one adult in the household is able to participate.

Families who have at least one child in out of home placement through a regional Foster Care/Reintegration provider are not eligible for family preservation services. Family preservation services are terminated when the Court removes one or more children from the home.

Because the Family Preservation Program is such a large part of the prevention work in Kansas, it is supported with 40% of the Part 2 IV-B funds.

Collaboration with the CBCAP Agency

The Kansas Department of Social and Rehabilitation Services and Kansas Children's Cabinet and Trust Fund (KCCTF) are the lead agencies for CBCAP in Kansas. The two agencies collaborate and work cooperatively together through an Inter-Agency Agreement establishing the working relationship, duties and responsibilities between them. They work together on Child Abuse Prevention month activities. Board Members of the Children's Cabinet and Trust Fund played key roles in the development of the CFSR Statewide Assessment, Program Improvement Plan, and participate on the KCWQIC committee. The Executive Director served on the Family-Centered Systems of Care Statewide Steering Committee and is involved in monitoring PIP progress.

Prior to SFY 2010, Community Service Grants were funded from the Children's Initiative Funds, State tobacco money overseen by the Children's Cabinet and Trust Fund. In 2008, KCCTF awarded 16 agencies with grants to develop and implement new strategies or programs to prevent child abuse and neglect. Beginning in SFY 2010, Community Services Grants will be funded with State General Funds. SRS issued a Request for Proposal to fund multiple small projects in each SRS Region to serve children and families.

KCCTF and SRS are partnering to fund a grant for KCSL to distribute the "Period of PURPLE Crying," a project to prevent Abusive Head Trauma. The KCCTF funds 1.5 employees and SRS/CFS funds the DVD's and other educational literature for new parents while they are still in the larger metropolitan hospitals. Regional SRS offices are using CAPTA allocations to fund smaller hospitals with DVDs and educational materials.

Abusive Head Trauma Task Group

Children and Family Services (CFS) strives to ensure safety and wellbeing of children through many programs and activities. The attached document 3, Child Maltreatment Fatality Prevention and Assessment Capacities, provides a framework of the Kansas public child welfare prevention and assessment standards and capacities regarding child maltreatment fatalities. The practice model defines how SRS as a public child welfare agency engages communities, families and staff in developing and delivering a service array that meets the needs of prevention and safety to achieve desired outcomes. Actions and planning needed to strengthen capacities to align with standards in the model are included in this document. The model addresses systemic and case level dynamics in four areas of focus: Self Assessment; Primary Prevention; Program Administration; and Workforce Competencies.

A small task group has been identified to find ways to strengthen workforce capacities around preventing and assessing maltreatment fatalities. The document provides some background, lists resources we employ or execute and lists strategies needed to increase capacities. CFS asked for 1 FPS contractor and 1 independent living coordinator to provide feedback on our plan and help generate ideas for how we can strengthen competencies. We are engaging resource centers and other experts to assure any new tools developed are meaningful and effective to achieve our goals.

Services to Achieve Timely Permanency

The Secretary of the Department of Social and Rehabilitation Services is responsible to assure that children in his custody are safe, have their needs met, and have permanent, legal connections to a family. SRS has contracted for Family Preservation, Reintegration/Foster Care and Adoption Services to achieve these goals since 1996. The contracts for these services evolved over time. SRS seeks to

continue to improve the quality of the Child Welfare service system, provide for stability in placement and achieve more timely permanencies for children.

Time Limited Reunification

When a child is not safe in their home and SRS determines services to the family are insufficient to mitigate the threat of harm to the child, SRS works with the County/District attorney to request the court place the child in the custody of the Secretary of SRS for out of home placement. A referral is made to the Reintegration/Foster Care/Adoption Services Contractor, who will work with the child and family to achieve permanency.

The Reintegration/Foster Care/Adoption Contractor is the child welfare case management provider who works with families with children placed in the custody of the Secretary and placed outside of the home. The provider assists the family with reintegrating the child into their home and provides aftercare services for twelve (12) months to maintain the family.

Within 2 business days of a child entering out of home placement, an initial team meeting is held. This meeting provides an opportunity for the team to clarify each person's role to facilitate timely permanency. Birth parents are expected to identify any available family supports and services. Plans are made for the first parent/child interaction. Possible relative or other kin placement is pursued if the child was not originally placed with a relative or other kin. Emphasis is placed on working with the non-custodial parent, usually the non custodial father.

The initial team meeting is attended by birth parents, the child, an SRS representative, child welfare case management provider staff, support persons selected by the birth family and the foster family. Family members, agency staff, and others who participate in initial team meetings provided feedback stating the meetings are very beneficial.

When children are not able to return home, they may have an identified family such as the foster family or relative or kin who is willing to become their legal family either through adoption or permanent custodianship. In these instances the child welfare case management provider shall work with the child and family to achieve permanency and provide pre-placement, post-placement and aftercare services.

When the child has no identified family resource, the child welfare case management provider will register the child on the adoption exchange to maximize the child's opportunity for permanency. The Adoption Exchange is accessed to look for possible matches for children who need adoptive families. The Adoption Exchange is the statewide website that lists all children who are available for adoption and do not have an identified family to adopt them. The child welfare case management provider is expected to locate other planned permanent living arrangements for children for whom another permanency is not available, and to provide Independent Living Services to youth.

A family centered approach that respects families, recognizes their strengths, and involves natural and community support systems, continues to be utilized in the provision of these services. Families continue to drive the case planning process, and play an active role in development and evaluation of the service delivery system.

Family Centered Practices include:

- Engaging families in service design
- Treating families with respect

- Respecting families' privacy
- Involving immediate, extended and kin family members as active partners in case planning
- Providing services in the most family-like setting possible
- Linking families to community-based, diverse, and comprehensive supports and services
- Strengthening the capacity of families to function independently.

The major Program Improvement Plan strategies impacting time limited reunification services are to improve assessment processes and increase competencies in case planning which will affect stability and timely permanency, increase the continuity of family relationships through matching initiatives and placement resources for older youth and children and youth with challenging behaviors. In addition, improve engagement with fathers in case planning and worker contact practices and increase the frequency and quality of worker-child contacts. The most recent information on work that has completed the action steps and benchmarks of the Program Improvement Plan is contained in Attachment 3.

Adoption Promotion and Support

When parental rights are terminated or relinquished and the child's case plan goal is adoption, the child welfare case management provider will prepare the child and adoptive family for adoption. SRS expects siblings to be adopted together whenever possible. Relatives, the foster family or kin adopt a majority of the children. If there is no identified family, attempts will be made to find a match for the child through the Adoption Exchange.

The child welfare case management provider will find the most appropriate home for the child and provide pre and post placement services, including aftercare to the adoptive family. The focus is on finding the right family for the child, rather than finding a child for a specific family. Priority consideration shall be given to relatives regardless of where they reside.

The child welfare case management provider is responsible for foster family recruitment, training, retention and support of foster families. Targeted recruitment may be necessary for certain children and children where there are no matches found on the adoption exchange. Child specific recruitment may be purchased from another provider.

The child welfare case management provider is responsible for a full range of adoption services for adoptive families from the time of recruitment to completion of aftercare, 12 months after the adoption is finalized. They work together with the adoptive family and the child to provide supportive pre-placement and post adoptive services. If a disruption (child leaves the home before the adoption is finalized) or dissolution (child leaves the home after the adoption is finalized) occurs during the aftercare period, the case management provider is responsible for placement and other contractual services the child may need. The case management provider is responsible for locating another adoptive family.

If the current foster family or kinship caregiver is not the adoptive family, the case management provider assures the child remains with this family until they are placed in their adoptive home. The Child Welfare Case Management Provider and the foster family must answer questions the child may pose, encourage communication between the adoptive family and the child, facilitate visits, and generally serve as the safety net for the child.

Adoption Assistance

Adoption Assistance is a program designed to remove adoption barriers for children with special needs. The intent of the program is to assist the adoptive family in meeting the needs of a child. This program is authorized by state and federal statutes and regulations. Kansas implemented a state adoption assistance program in 1972.

The agency's policy is to uniformly operate both the state and federal programs. Adoption subsidy and medical assistance are provided for eligible children regardless of the funding source. Eligibility for adoption assistance is based on the needs of the child, not the resources of the family. The family's resources can be used when determining the type and amount of assistance. Children in the Custody of the Secretary or a licensed nonprofit child placing agency may be eligible for one or more of the following types of adoption assistance: Title XIX Medicaid, monthly subsidy payment, special service payment, and non-recurring expenses. During SFY 2009, the average subsidy payment was \$332.00/month. As of March 31, 2010 there were 7,255 open cases.

Adoption Subsidy Cases	
Year	Open Cases
2005	5,659
2006	5,926
2007	6,336
2008	6,583
2009	6,918
2010	7255

Permanent Custodianship

In 1999 the legislature established funding for permanent custodianship subsidy (PCS) to assist families willing to assume this responsibility. Additional funding has been designated for those custodianships established pursuant to K.S.A. Chapter 38, Article 22. Legislation established permanent custodianship in the CINC Code to distinguish it from guardianship established in the probate court. The custodianship action keeps the CINC case in the same court.

The permanent custodianship subsidy is not an entitlement program, funding for the program must be available and the child must meet all of the following criteria:

- Be in the Custody of the Secretary, with or without parental rights terminated, at the time permanent custodianship is established,
- Be age 14 and over, are part of a sibling group that has one child age 14 and over, or have other extenuating circumstances that make adoption not a reasonable option.
- have an order of custodianship (Journal Entry or Letter of Custodianship from the court),
- not be receiving SSI (as income would exceed subsidy amount); and
- have an appointed permanent custodian who is an adult eligible to receive TAF.

The Child Welfare Case Management Provider is responsible to assess if a permanent custodianship best meets the child's needs and to prepare the family for the responsibilities associated with custodianship, including an assessment of the family's capabilities of parenting a specific child. When determining if an individual family might be suitable for custodianship of a child in SRS custody, factors considered in the

case planning conference are similar to those considered when considering a family as an adoptive resource.

The Director of Children and Family Services must approve eligibility for children for whom extenuating circumstances exist that make adoption not a reasonable option. Permanent custodianship subsidy ends when a child is 18 unless still in high school, the child becomes emancipated, dies or otherwise ceases to need support, the child no longer resides with the permanent custodian, or the permanent custodian fails to complete and return the annual review.

The maximum monthly subsidy payment cannot exceed \$300, for permanent custodianships and children do not receive subsidy if their countable income exceeds \$300 per month. Once the subsidy amount is established it does not change unless there is a change in the child's circumstances. Children who were approved for permanent custodianship subsidy prior to July 1, 2008 can continue to receive the subsidy.

A full array of services is provided to the family on an as needed basis to assure the success of the placement. Families or individuals entering into a plan to provide care for the child until age of majority may need help in understanding the effects of separation, abuse and neglect. Families may need added services such as transportation, respite care, mediation, etc. in order to assure the success of the placement.

Permanent Custodianship subsidy does not require an annual eligibility re-determination. An annual review is made to determine if any changes in the circumstances of the child exist. The custodian(s) is responsible to:

- Apply for other financial benefits for the child, e.g., SSI or veteran's benefits;
- Notify SRS immediately of any changes in the child's living situation;
- if the custodianship is set aside or they cease to be legally or financially responsible for the child;
- when the child reaches 18 and has completed high school;
- when the child becomes emancipated;
- if the child dies, or otherwise ceases to need support; and
- cooperate fully with SRS in an annual review.

Life Skills Services

Life Skills are provided to all children/youth in out of home placement beginning at age eight years. Kansas requires the use of the Ansell-Casey Life Skills Assessment (ACLSA) tool for children age 8 and older. Children and youth are provided life skills by child welfare case management providers and foster parents. All children and youth completing the ACLSA, develop a Learning Plan from the assessment. This Learning Plan is developed by the child/youth with support from a case manager and foster parent. The Learning Plan life skills are identified as tasks on case plans. Life Skill areas using the ACLSA cover Communication, Daily Living, Home Life, Self-Care, Work and Study Skills, Social Relationships, Housing and Money Management, Career Planning and Work Life.

Independent Living Services

Youth who leave custody or are emancipated participate in an exit interview at the last case plan prior to release of custody or emancipation. The exit interview is used as another method of providing information to youth on the following:

- the process to request services after their release from SRS along with appropriate referral forms;
- the updated record of dental, eye care, immunizations, and medical services;
- copies of their records and a list of their medical providers;
- information and application for the Medical Card Extension Program;
- information and instruction on use of prescribed medications;
- and information on assistance with post secondary education and training opportunities;
- The National Youth in Transition Database and the importance of providing feedback through the surveys.

Many of the child welfare case management providers give a resource packet to all youth upon leaving the Custody of the Secretary. The packet contains resources for housing, careers, etc., as well as information on services provided through the SRS Independent Living Program. All eligible youth are assisted in completing the application for the extended medical card and are given a postcard to use to keep their IL Coordinator updated with their address. All youth are also given laminated cards with the SRS Central Office number and website, which youth can contact for services anytime up until their 21st birthday.

All youth in out of home placement at the age of 16 are involved in transitional planning which involves the Independent Living Coordinator or designee with SRS attending and assisting in case plans. Transition planning helps build a relationship between SRS and the youth while preparing for transition from SRS services to adulthood. Transition planning ensures no gaps in services occur when a youth leaves the care of the case management provider and when the youth receives services from the SRS Independent Living program. A transition plan is developed with youth that addresses the areas where they will receive assistance;

- housing;
- health insurance,
- education,
- opportunities for mentoring and community connections,
- work force supports and employment services.

The CWCMP agency is required to ensure all youth who exit the Custody of the Secretary for reasons other than reintegration, adoption or guardianship have a connection to a positive adult role model.

SRS Independent Living Program

This program serves adults from age 18 and released from the Secretary's custody until age 21 or 23 if enrolled in post secondary education or training programs. Independent Living is a voluntary program and adults may receive services anywhere in the state of Kansas. Adults ages 18-21 complete the ACLSA and develop an open formal Self-Sufficiency Services Case Plan with the regional IL Coordinator. This plan is adult driven and identifies the individual's goals as well as the steps to achieve those goals. Adults involved in the Independent Living Program are eligible to receive assistance with the following: room/board, medical, completion of high school/GED, post secondary education or training, mentors, career planning, life skills and other services as identified by the adult.

Kansas includes youth who have achieved a permanent custodianship or finalized adoption after the age of 16, as eligible participants in the Kansas Education & Training Voucher (ETV) program, as well as the Kansas Foster Child Educational Assistance Act program which waives tuition at Kansas schools.

Since 2003, Kansas has offered the Chafee Medicaid option and extended Medicaid coverage to adults until the month of their 21st birthday for young adults who leave the Secretary's Custody at age 18. The Young adult does not have to participate in any other services to be eligible for the medical card.

SERVICES TO BE PROVIDED IN THE COMING YEAR (FFY 2010)

The child welfare prevention initiatives, child protection, family preservation, family support, time-limited family reunification services, adoption promotion and support services, and independent living services to be provided in the coming year are described under child welfare services above. Changes in the basic core services offered during FFY 2010-2014 are discussed below. An estimate of the number of children and families to be served is found on the following chart that corresponds to information provided on the CFS-101.

All child welfare services are offered on a statewide basis in all geographical areas and are available to all families who, during the assessment process, are identified as needing the service.

Services Statewide In FFY 2010-2014 Populations to be Served	Numbers Served (est.) 2010	Numbers Served (est.) 2011	Changes or Additions for FFY 2011 to address gaps in services and improve practice
Prevention/Intervention Children at risk of OOH placement. Children and families with identified risk factors.	1,372 individuals 1,698 families	1,372 individuals 1,751 families	Continue custody prevention projects targeted to specific populations. Community service dollars were awarded in response to vendor proposals to address prevention service needs in each Region. Outcomes to increase overall effectiveness of agency wide prevention initiatives are being tracked.
Child Protection Children with reports of suspected abuse and neglect	34,349	27,340	Safety/Risk will be assessed consistently throughout the life of the case for children in their own homes and in foster care. Create protocols clarifying when/how to utilize Safety and Risk Assessment information to improve child safety and address the family's presenting situation. Through a working agreement with Casey Family Programs and a proposal with the University of Kansas continue analyzing safety and risk assessments. It is anticipated the continued work with NRCCPS and the additional consultation with Casey Family Programs and the University of Kansas will result in revisions to procedures to enhance the standardized information gathered and documented for assessments.
Family Services Families with specific situations that may eventually place a child outside his/her home.	675	390	Continue service delivery.
Family Preservation Services	2,736 families	2,622	To address a gap in service delivery, services for

Intensive in-home services offered to families at risk of having a child come into custody including women who use substances while pregnant.		families	pregnant women who use substances have been incorporated into the population eligible for family preservation services across all counties. Have resumed "single service" family preservation contracts.
Time Limited Family Reunification Services Children in need of care or protection who cannot remain safely at home, custody of the child has been granted to the Secretary of SRS.	8,316	7,527	To improve practice, improve assessment process and increase competencies in case planning that effect stability and timely permanency. Case planning teams determine if concurrent case planning is appropriate and applicable to the circumstances of a child and family. Emphasis is placed on working with the non-custodial parent thus filling a gap in services to the family. Increase continuity of family relationships through matching initiatives, and placement resources for older youth, and children and youth with challenging behaviors. Met outcome targets to increase the frequency of caseworker visit performance to 80% for FFY 2010, and on track for 90% in FFY 2011. Contracts are now for reintegration/foster care and adoption. CFSR measures integrated into Contractor Outcomes, as well as, into case read instruments and data analysis.
Adoption Promotion and Support Services Children ranging in age from birth to 18 years of age who need a permanent home.	871	835	Individualized adoption recruitment is the responsibility of the case management contractor. Work with NRCRRFAP, child welfare providers, and the Children's Alliance to develop and implement strategies to increase the pool of adoptive families for older children, children with special needs, children with behavior problems and large sibling groups. Recruitment and Retention Plans have been completed.
Life Skills/Independent Living/Self Sufficiency Services Youth who will transition from foster care to self-sufficiency.	502	613	Continue the involvement of the Youth Advisory Council in improving services and opportunities for youth and young adults. Youth developed feedback/documentation tool to be used during worker/child visits, and recommended strategies to improve the quality of visits with children under age 10. Training has been provided to workers and use of the tools monitored and their effectiveness evaluated. To improve outcomes for youth, facilitate increased participation in the iGrad system that tracks foster youth's educational credits and school transfers by providing training to caseworkers on the system. Court jurisdiction in CINC cases limited to the child's 18 th birthday or graduation from high school the year of the 18 th birthday, contingent upon a court approved transition plan. Continue to provide Independent Living services to young adults age 18-21 or 23.

One of the issues emerging from the CFSR pertaining to the service array and service delivery was the lack of accessibility of appropriate mental health and substance abuse services for children and parents. Another concern pertained to the lack of key services in the western part of the State and in the more

rural areas of Kansas. In response, and as a result of the Focused Study on Mental Health Services conducted by the University of Kansas, Kansas Health Solutions (KHS) was charged with creating a Program Improvement Plan for children in foster care for mental health service delivery.

An additional concern was the need to develop additional placement resources and make better placement matches for older youth and children and youth with challenging behaviors. As a result, the Children's Alliance participated in work with NRCRRFAP to help develop strategies to increase the pool of adoptive families for older children, children with special needs, children with behavior problems and large sibling groups. The Children's Alliance collaborated with child placing agencies to assess, develop, distribute and evaluate training identified as needed by foster parents who are caring for older youth with mental health and behavioral needs in their homes.

UPDATE ON GOALS AND OBJECTIVES AND AREAS NEEDING IMPROVEMENT

State Of Kansas Program Improvement Plan (PIP)

The Department of Health and Human Services Administration of Children and Families (ACF) approved Kansas' Program Improvement Plan with an implementation date of October 1, 2008. The Kansas PIP is comprised of action steps and goals that have a short term and long term impact. As part of a states' PIP, negotiated performance for national data standards and quantitative measures must be achieved within 2 years of PIP approval or by October 1, 2010. Significant progress has been made on the Program Improvement Plan, and all quarterly reports submitted through the first quarter of FFY2010 have been approved.

National Standards Measurement Plan for Kansas

Kansas is required to address 3 of the 6 CFSR national data standards. The source for national data standards is information submitted by States to ACF through the semiannual Adoption and Foster Care Analysis Reporting System (AFCARS) reports. Various data elements in a state's AFCARS report contribute to data collection and calculations.

CFSR data profile for FFY09

<i>Measure</i>	<i>Improvement Goal</i>	<i>Most Recent Performance</i>		
		<i>FFY 2007</i>	<i>FFY 2008</i>	<i>FFY 2009</i>
<i>Timely and Permanent Reunification</i>	<i>120.7</i>	<i>117.3</i>	<i>124.7</i>	<i>118.7</i>
<i>Timely Adoption</i>	<i>100.35</i>	<i>96.4</i>	<i>100.3</i>	<i>111.8</i>
<i>Placement Stability</i>	<i>82.7</i>	<i>80.3</i>	<i>80.8</i>	<i>84.9</i>

Permanency Composite 1: Timeliness and Permanency of Reunification (standard: 122.6 or higher): KS 118.7;
 Permanency Composite 2: Timeliness of Adoptions (standard: 106.4 or higher): KS 111.8;

Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time (standard: 121.7 or higher): KS 132.1;
 Permanency Composite 4: Placement Stability (standard: 101.5 or higher): KS 84.9

Quantitative Measurement Plan for Kansas.

The source for quantitative measures is information gathered through statewide case review instruments and processes.

<i>Measure</i>	<i>Improvement Goal</i>	<i>Most Recent Performance State Fiscal Year 2009</i>	<i>Most Recent Performance State Fiscal Year 2010Q3</i>
<i>Provide Ongoing Safety Assessment with Families</i>	82.7%	91.0%	92.4%
<i>Timely Permanency Goals</i>	87.1%	93.6%	93.4%
<i>Assess Father's Needs</i>	54.4%	62.5%	69%
<i>Involve Fathers in Case Planning</i>	57.9%	58.4%	71.2%
<i>Engage Ongoing Visits with Fathers</i>	39%	47.6%	60.7%
<i>Monthly Worker/Child Visits</i>	68.3%	82.3%	84.7%

The most recent updated CFSR Program Improvement Plan Matrix is Attachment 4.

QUALITY ASSURANCE SYSTEM

Children and Family Services developed and implemented an integrated strategy of quality assurance which seeks to avoid system overlaps or gaps. It monitors system performance and follows-up on areas needing improvement, as well as, identifying those elements leading to best practices and program improvement. Key elements include;

- the current case review process and data monitoring
- automated contract and CFSR outcomes monitoring
- the development of an automated training evaluation database.

The CFS Performance Management Organizational Chart (full process description in Attachment 5) describes the quality assurance system the state will use to regularly assess the quality of services under the CFSP and assure steps will be taken to address identified problems. The CFS Performance Management steps are as follows:

1. Manage the case read process and case read on-line application

2. Prepare data and reports for CFS Program Managers, Statewide Coordinators and Case Read Experts meetings.
3. On a scheduled basis for a rotating subset of questions, review case read results and identify strengths, weaknesses and ultimately prioritize areas of focus for Program Improvement activities.
4. Provide findings to Statewide Coordinators for inclusion in their Program Improvement activities.
5. Receive feedback and Program Improvement recommendations from Statewide Coordinators and report to CFS Leadership for feedback. {Continue loop as necessary for individual items}.
6. Design new and modify existing performance indicators as identified through performance management activities.
7. Facilitate compliance with Federal, State and SRS regulations, and maintain current policies and procedures for the CFS Program and Policy Management.
8. Provide the results of Performance Improvement activities to CFS Leadership and Statewide Coordinators.
9. Review feedback from Case Read Experts regarding case reader inconsistencies and support follow-up discussion/training activities for case readers.

Revised Case Read Instruments

In SFY 2009, the case read instruments for AFCARS, intake and assessment, in-home and out-of-home case reads were revised, and an adoption assistance case read instrument was added in SFY 2010. They provide a better means of monitoring CFSR and Program Improvement Plan progress and compliance over time. A new data base application was created to manage and report case read data with much greater flexibility and reporting capabilities than the previous data base.

Program Improvement Plan strategies to be monitored through the case read data are;

- improve engagement with fathers in case planning and worker contact practices
- compliance with concurrent case planning
- revised forms and processes that strengthen participation in case planning
- creation of an appropriate and timely permanency goal
- assure children's mental health needs are assessed and services provided
- assure children's educational needs are assessed

SPECIFIC ACCOMPLISHMENTS AND PROGRESS DURING THE PAST YEAR

The specific accomplishments of the past year that lay the groundwork for this 5 year plan include development and implementation of the new Child Welfare Case Management Provider contracts, improvements in the case read system, progress on the Custody Prevention Initiatives, work to increase the IV-E penetration rate, work with youth in the Custody of the Secretary and work with the courts.

Development and implementation of the new Child Welfare Case Management Provider (CWCMP) contracts

Work began on a Request for Proposal (RFP) for new Family Preservation and Foster Care/Reintegration/Adoption Contracts, which have been awarded with an effective date of July 1, 2009 (SFY2010). The five catchment regions for the contracts remain the same. The Contract duration is 4 years with the option of 2, 2-year renewal periods.

Contract Region	Family Preservation Services	Foster Care Reintegration Adoption
Region 1	DCCCA, Inc.	TFI Family Services, Inc.
Region 2	DCCCA, Inc.	KVC Behavioral Health Care, Inc.
Region 3	St. Francis Community Services	TFI Family Services, Inc.
Region 4	St. Francis Community Services	St. Francis Community Services
Region 5	DCCCA, Inc.	Youthville

2010 Summary of Significant Changes

Reintegration Foster Care Adoption

The Contractor outcome measures include federal outcome data measures, the outcome for placement in a family like setting, and six new success indicators of stability in education, connection to relatives and a positive adult role model. The foster care contract includes providing all adoption case management activities for a child, such as locating permanent homes for children with no identified adoptive resource. Case planning teams determine if concurrent case planning is appropriate and applicable to circumstances of a child and family. Initial team meeting timelines are 2 business days from the date of the referral. The case management provider is required to use a research based instrument for mental health and developmental disability screenings, rather than a specified form or they may use state resource assessment instruments. Providers work directly with the courts.

The CWCM providers involve families at the policy making level develop Regional Recruitment Plans for foster and adoptive parents. Providers must attend a pre-service training (curriculum) required by SRS and submit quarterly management reports to SRS.

After the first year of the contracts, all Reintegration/Foster Care/Adoption Child Welfare Case Management Providers continue to make improvements in outcomes and success indicators. They are involved in the Permanency Advisory Committee and the group addresses issues and needed policy changes. Others representatives include staff from the Regional SRS offices and a parent who has past involvement in foster care. The Committee also has specific tasks on the CFSR Program Improvement Plan that they take back to their agencies for input, strategic planning, and implementation.

Family Preservation Services (FPS)

A major change to the family preservation contract in FY 2010 is pregnant women using substances are eligible for services. Referrals for FPS services come through SRS. At the point any child is removed into Foster Care, the FPS contract services cease and referral is made to the reintegration/foster care/adoption provider. Transition is facilitated by FPS staff to the provider. Services to families where a pregnant woman is affected by substance use is provided by an Addiction And Prevention Services (AAPS) Credentialed Counselor or an AAPS Counselor Assistant credential. The goal is for 90% of births to families during FPS for reason of substance abuse during pregnancy are born substance free. During the first 9 months of SFY2010, the outcome is at 28.5%. (Note: This is based on only 7 applicable cases.)

In August, 2009 a Family Preservation Advisory Workgroup was re-established after being disbanded in the fall, 2006. The workgroup serves as a forum for gathering input on current family preservation policies, procedures and practices, as well as recommending future changes. The membership includes

SRS Regional staff, CWCMPs, and former consumers of FPSA. The CFS FPS Administrator services as the facilitator.

Progress on Custody Prevention Projects

SRS Regional Offices implemented new Custody Prevention Projects in SFY 2010 based on needs identified.

<p align="center">2010 Custody Prevention Projects</p> <p align="center">Each SRS Region identifies a population of children/youth that will receive focused prevention. SFY2010 is the second year for custody prevention projects.</p> <p align="center">(July 2009-March 2010)</p>			
SRS Region	Projects	Meets Performance To-Date	Comments
Southeast	By June 30, 2010 safely reduce by 10% the number of all Children and Youth removed into Out of Home Placement in Crawford County.		Crawford county had a 122% increase of removals from January to March of 2010. SE Region overall increased by 23% in the same time frame.
KC Metro	In SFY2010, Leavenworth County (LV) will decrease the disproportionality by 12% for African American children entering SRS custody. This will move Leavenworth from the extreme range to the moderate range. Project #1		February and March came in with 3 new removals, for a total of 12 for this population. The new removals surpassed the target # of 11.4 slightly through March.
	By June 30, 2010 in LV county, safely reduce the number of children entering custody by 10% from the number in SFY09. Project #2	■	
Northeast	By June 30, 2010 safely reduce by 3% the number of all Children and Youth removed into Out of Home Placement in the SRS Northeast Region. Project #1		The Northeast region continues to exceed the target number of removals, although removals for March were 28% less then February removals.
	By June 30, 2010 reduce by 15% the number of all Children and Youth removed into Out of Home Placement who are reintegrated within 7 days or less. Project #2		Actual removals have already exceeded the full year target number of removals for this population. There have been 6 additional removals for this population since January.

	By June 30, 2010 safely reduce by 5% the number of all Children and Youth removed into Out of Home Placement for reason of Parental Substance Abuse in Shawnee County. Project #3		Removals for Parental Substance Abuse have already exceeded the full year target number of removals for this population. However, removals in Shawnee county have decreased by 33% between February and March, 2010.
South Central	By June 30, 2010 safely reduce by 5% the number of youth 13 and older removed into Out of Home Placement in Butler County. Project #1	■	
	By June 30, 2010 safely reduce by 5% the number of youth 13 and older removed into Out of Home Placement in Reno County. Project #2		Reno county has not met their target #'s for this specific population. Overall removals in Reno county increased by 250% from February to March, 2010.
West	By June 30, 2010 safely reduce the number of children ages 7-15 entering out of home placement for reason of truancy in Ford and Finney counties by 30% from the number of children removed in SFY09.	■	
Wichita	By June 30, 2010 safely reduce by 10% the number of Children removed into Out of Home Placement for reason of Physical Neglect for Sedgwick County.		Wichita had exceeded their target number for physical neglect removals to-date. Overall, removals in Sedgwick county have decreased by 20% for the same time period of SFY 09.

Work to increase IV-E penetration rate

Additional Eligibility and Payment Segments were added in January 2009 in order to accurately track the eligibility and payment of youth in foster care. The addition of the segments also tracks trends as to the eligibility of the youth entering foster care. The segments assist supervisors in monitoring caseloads of the eligibility specialists and assist them in knowing their staffs strengths and needs in terms of training. A brief overview of IV-E eligibility for candidacy for care, foster care and adoption assistance is being presented at Introduction to Child Welfare training to educate new social workers about their role in determining IV-E eligibility. An Eligibility and Payment Work Advisory Group meets at least one time each quarter to discuss policies and procedures and give recommendations to improve practice. Members consist of line staff, eligibility supervisors, case readers and program improvement directors. The IV-E Monthly Management Report is posted monthly on the Web to assist in program management and improvement. This work advisory group also meets twice a year to conduct a targeted case read to ensure eligibility is being determined accurately. The targeted case read is a good opportunity for

monitoring trends across the state and consistency in determining eligibility. A monthly report is posted on the Web regarding the number of children being served who are candidates for care. The regions are able to track the cases to monitor the effectiveness of the services being provided to children and families to divert the children from being removed from their home. Policies have been strengthened to assure SSI applications are completed when appropriate.

Youth Work

The statewide Kansas State Youth Advisory Council (KYAC) consists of representatives from each of the five Regional Youth Advisory Councils (RYACs) throughout the state. The impressive work of the YAC which has developed youth's participation and leadership skills at the state and local level, and influenced child welfare and educational policy is described as part of the Chafee Independence Act report below. Activities like the Computer Camps and presentations at conferences provide unique opportunities for personal development for foster youth in Kansas.

STEPS TO IMPROVE OUTCOMES DURING THE COMING YEAR

Federal Fiscal Year 2010 served as year one of the 5 Year Plan, the new provider contracts for the Child Welfare Case Management Providers (CWCMP) for family preservation, reintegration/foster care/adoption and the goals that have been established for FFY 2010-2014. The activities, outcome achievement and accomplishments during FY 2010 served as the basis for revising the goals, objectives, service delivery mechanisms and plans for 2011-2014.

Child Welfare Case Management Providers (CWCMP) made improvements on all outcomes that are a part of the contracts and the CFSR PIP. In order to achieve these outcomes, CWCMPs have developed and implemented Placement Stability Projects, completed Recruitment and Retention Plans, and conducted special training and activities related to father involvement.

COLLABORATION

The Kansas Court Improvement Program

SRS continues to collaborate with the court system through participation in the Supreme Court's Task Force on Permanency Planning as well as active participation by court personnel on SRS advisory panels. There is court/legal system participation on all three citizen review panels: The Child Safety and Permanency Panel, The Child Death Review Board and the Kansas Child Welfare Quality Improvement Counsel (KCWQIC).

In previous years, the state has focused on creating and implementing a data collection system to support compliance with federal and state requirements involving the court system. The federal data analysis grant supports this aspect of the Kansas Court Improvement plan. The Office of Judicial Administration (OJA) implemented the Juvenile Compliance Module across the state. The courts can now track time frames and compliance in both Juvenile Offender and Child In Need of Care (CINC) cases. The Compliance Module allows tracking of children on an individual basis and will allow districts to print multiple reports. The module for CINC and JO cases includes automated Journal Entries (court orders) to provide judges and/or staff the option of completing journal entries during hearings. Implementation was complete in January, 2009 and an ongoing comparison of data between the executive and judicial branches continues to enhance improvement of data, documentation and processes for court oversight. The attention to compliance with state and federal requirements provides an opportunity for

discussions and collaboration between the judicial and executive branches of government at the state and local level about child welfare principles and practices.

In addition to participating in the on-site CFSR and the development of the Program Improvement Plan (PIP), the judicial and executive branches of Kansas government continue to work together toward successful completion of the PIP. The focus over the past year has been to assure proper documentation of timely and effective permanency hearings under both the Revised Code for Care of Children and the Revised Juvenile Justice Code.

Since the IV-E Audit in August 2008, OJA has worked with SRS to ensure compliance with federal requirements and achieving the goals of safety, permanence, and well-being for children in need of care and juvenile offenders. The Supreme Court, through Rule 155, requires the use of form court orders as one means of achieving these goals.

Coordination with the legislative branch of government is facilitated by the ongoing involvement of a Judicial Council subcommittee originally responsible for proposing the legislative revision of both the child in need of care and juvenile offender codes. The same subcommittee added to the forms required by Rule 155 and accepted responsibility to continual update and improve the forms for each code. The subcommittee continues to meet and provides effective leadership and guidance through the legislative process to assure the codes continue to support best practice. In the 2010 legislative session, the Judicial Council proposed bill, SB 460, was submitted and passed by the Kansas legislature. When it becomes effective on July 1, 2010, SB 460 will provide a formal process for preserving custody orders when a child in need of care or juvenile offender case closes; the formal means to initiate a child in need of care petition when the judge determines it is best for a child during the course of any other civil custody case and assures that custody orders entered in CINC or JO proceedings take precedence over any other pre-existing custody orders.

The Supreme Court Task Force on Permanency Planning (SCTFPP) continues to monitor efforts to expedite the resolution of Termination of Parental Rights (TPR) Appeals to eliminate unnecessary delays. The parties in TPR cases are able to request immediate assignment to a panel for review, guidelines have been adopted to minimize the need for briefs and to eliminate delay in settings for oral arguments.

SRS continues to collaborate with OJA to implement the Court Improvement Training Grant. Grant funds are used to sponsor a series of regional trainings as well as a 6 hour institute and workshops at the annual Governor's Conference for the Prevention of Child Abuse and Neglect. Both the regional trainings and the Conference are multi-disciplinary. The most recent training took place in four locations (Dodge City, Hays, Wichita and Lawrence) March 20, 30, 31 and April 1, 2010 with presentations by national experts on Kinship Care, Fostering Connections to Success and Increasing Adoptions Act, Adoption and Safe Families Act and ethics. The "Best Practices in Kansas Child Welfare Law" included judges, county/district attorneys, agency attorneys, parents' attorneys, guardians ad litem, social workers, Court Appointed Special Advocate Program staff, and Citizen Review Board Program staff. Collaboration continues on web based training, development of a curriculum to assist social workers in meeting court expectations, and a bench book for judges.

Kansas has demonstrated a commitment to collaboration with the courts which, over time, has created a climate where the shared value of safety, permanence and well-being for all Kansas children provides the framework for delivery of child welfare services. The Court Improvement Project contains specific identified projects such as Juvenile Compliance Module described above; ongoing

development/distribution of Informational Calendars for Parents and facilitated stakeholder meetings. The CIP for 2010 will be submitted on June 30, 2010.

The Facilitated Stakeholder Project continues to make progress. The success of the pilot project in the 1st Judicial District resulted in efforts to take project statewide. A Request for Proposal was issued and a contract developed with Great Plains Consensus Council to provide facilitation services and training across the state. The council has an extensive history in dispute resolution and facilitation. The council identified several facilitators with experience in child welfare to participate in the project. Seven facilitators completed training on the process utilized in the pilot project. The districts accepting the invitation identified two assistant facilitators. Training was provided to the assistant facilitators by the Great Plains Consensus Council. The goal is to provide districts the resources to continue the facilitation process after the initial project is complete. Invitations have been issued to an additional ten judicial districts to participate in the Facilitated Stakeholder Groups. Supreme Court Justice Lee Johnson has followed up with the judicial districts in support of the projects.

The Consensus Council is also working with the OJA on an evaluation of the project which will be submitted at the completion of the project allowing the SCTFP to review the issues and strengths in each judicial district, identify any statewide trends, and provide recommendations for statewide initiatives.

Collaboration at the state level in Kansas began early and grows stronger with time. Judicial leadership as a necessary ingredient to continual improvement of child welfare is ongoing in Kansas at both the state and local level.

Child Welfare Initiative Agreement

In calendar year 2010, Children and Family Services of SRS and Casey Family Programs amended their agreement to work together on strategies to safely reduce the numbers of youth entering care by 5.5% to 3020 by December 31, 2010 (from a FY 09 baseline of 3196). Project specific outcomes and process measure of this agreement are contained in Attachment 6. Attachment 2 describes the Custody Prevention Projects in considerable detail.

Program Initiatives

Community Services Grants

In SFY 2010, Community Services Grants in Kansas were funded with State General Funds. SRS issued a Request for Proposal in order to fund multiple small projects in each SRS Region. The projects provide family services to prevent maltreatment, out of home placement, and/or prevent the need for SRS Children and Family Services involvement. The centralized RFP encouraged project innovation and development by identifying service gaps within a community, yet established common outcomes across projects, and maintained uniform measures for outcomes. Centralizing grant selection and measurement increases accountability of projects to meet the common outcomes. It also provides more consistency in funding projects which are based on evidence and research supported or results oriented practices. Existing projects which met Request for Proposal requirements were invited to participate. Programs began providing services in July, 2009.

Many programs provided specialized case management services by staff hired to address the needs of families at risk of children being removed from the home. One example of specialized case

management services was a school based program. The services target families with children who ran away or have out of control behavior or frequent absences from school. Services focused on improving parenting skills, complemented with community resources and crisis intervention.

Examples of other projects were targeted drug and alcohol services or mediation services. Several regions provided funds to assist in reducing the barriers impeding family members from entering, participating or completing substance abuse treatment. Families benefited from having additional support to reduce barriers to treatment such as child care, transportation, locating appropriate levels of treatment and services to address co-occurring mental health issues. Mediation services were provided to negotiate conflicts between parents and adolescents, parents with joint custody and parents and extended family who may be able to provide support to the family.

Of the 25 grant agreements funded with Community Services funds, ten are truancy prevention programs. There are also 4 regions with Healthy Families project. These projects target first and second time parents who have two or more risk factors for child maltreatment, and who are pregnant or have an infant less than three months old. Other Community Services funded include short term case management for assisting families, parents and/or children with a variety of services including parent education, alcohol and drug counseling, youth in crisis, anger management, family interventions and out of home prevention. A listing of the grantees, amounts of grants and expected number of clients served is included as Attachment 2. The related outcomes report by grantee is presented as Attachment 7.

Fatherhood Initiatives

CFS had a representative on the Fatherhood Coalition during FY 2010. Members include professionals from other divisions and agencies in addition to fathers. Much of the work in 2010 was developing a strategic plan for the future direction of the group. The mission is to “promote healthy fatherhood in the lives of children” and the vision is “fathers in Kansas communities engage in healthy and positive relationships with children.” Guiding Principles include:

1. Fatherhood is both a responsibility and a privilege.
2. All children and their fathers should have the opportunity to know and be a part of each other’s lives.
3. Kansas communities have the responsibility to acknowledge the importance of fatherhood and take steps to be more “Father Friendly.”
4. Healthy father involvement increases kids’ chances for success in life and has a “positive impact” on future generations.
5. All fathers deserve support to strengthen their role in their child’s life.
6. All families deserve respect regardless of culture and circumstances.
7. The Kansas Fatherhood Coalition has a responsibility with respect to promoting fatherhood awareness and involvement.

The Coalition members divided into 4 subgroups to look at grassroots efforts, awareness, resources, and collaboration. The 2010 Fatherhood Summit has not yet been scheduled, and the Coalition is looking for opportunities to join with another parent group to organize and sponsor the event.

Members of the Kansas Fatherhood Coalition represent SRS, KDHE, JJA, Head Start, Health Care, University of Kansas, Kansas Parent Information Resource Center, and National Center on Fathering.

The CWCMPs have all focused on promoting father involvement. They have each developed tools to assure that fathers are engaged in their children's lives.

DCCCA uses a tool called DADI (Detectional Assessment of Dad's Involvement) to remind workers to ask questions about the father's location and his involvement with the child prior to the initiation of services. It is a required form that is used on all families as part of the initial assessment process.

KVC Behavioral Health, Inc. (KVC) uses a series of forms that asks questions of parents, and the tool is required to be completed on each parent. The Worker/Parent Case Log form leads staff through a series of questions to assess and identify the location of each parent, what tasks they are working on, barriers to accomplishment, interactions with the child, identification of relatives, and things the worker can do to assist the parent. The Parent/Guardian Pre-Case Inventory form gathers demographic information on each parent and documents items such as tribal affiliations, cultural considerations, race, ethnicity and marital status. KVC also gathers genogram information on each parent.

St. Francis Community Services (SFCS) uses a series of forms to assure staff are gathering information about fathers and engaging them in services. The paternal relative sheet collects information about all of the father's relatives. The Child and Family Profile Form includes demographic information on all caregivers, and also identifies where the information originated, history, reason for referral, and the format for the family assessment. The Assessment Protocol is a key to the family assessment which is required for all children and families referred, and it is updated at a minimum of every 6 months. The Initial Family/Team Meeting and Plan forms remind staff to gather information on all caregivers, including fathers. It has questions that explore the relationships that caregivers have with the children, what needs to change, and how the worker can be helpful in making those changes. It also identifies relative and kinship resources for placement.

The Farm, Inc. (TFI) uses a Relative/Kinship Information form to list names of relatives and dates of contact made with them. If contact is not made with a relative/kin, an explanation must be provided. They also have a Due Diligence Report that documents efforts made to contact absent parents. TFI's practice guide for engaging fathers clearly requires staff to have both the mother and the father at the initial team meeting, visits, case plans, worker/parent contacts, courts and events/appointments. The form gives staff helpful hints for engaging fathers.

The tools Youthville (YV) uses include the practice notes on Contacts (for worker/child, worker/parent and worker/family), practice notes on due diligence to locate absent parents, and the Temporary Custody Packet Acknowledgement. These tools require staff to have regular contact with both parents and provide helpful information on how to look for parents if they are not available. YV uses a Permanency Program Record Review that asks specific questions about the father's involvement in the child's life. Youthville also has a Dads Dare to Care (DDTC) program. The fathers completed the policy and procedure manual and are working on a training curriculum for their mentors involved in the program. The DDTC program will help navigate fathers through the child welfare system by connecting them with a mentor.

KCSL is providing training and technical assistance for a fatherhood grant through Circle of Parents in Kansas. The grant is funded through Responsible Fatherhood Flow-through Funding from the US Dept. of Health and Human Services Administration for Children and Families. The first year of funding was for projects in Kansas City and Rice County, and this second year of funding is in Douglas and Rice counties. The project targets fathers of children who are pre-natal to age one and in home visitation programs. They are also creating cultural change through training with practitioners by providing information on how agencies can work with fathers and implement father friendly practices.

Faith-based Initiatives

Children and Family Services has utilized Community Service Allocation funding to meet the needs of local communities to prevent out of home placement and provide other targeted interventions. There haven't been Faith-based Initiatives funded in Kansas as might have been envisioned in the federal legislation. Two of the Child Welfare Case Management Provider organizations are faith-based organizations, St Francis Community Services and Youthville. The United Methodist Health Ministry fund is a provider of health services through local community grants in Kansas. As their basic priority, they have been instrumental in working to assure all Kansas children have health coverage. Increasing the capacity of clinics offering low-income Kansans services on a sliding-scale fee is also a priority.

Objectives include:

- Expand the safety net capacity in Kansas
- Attract and support innovative ideas to improve access to health care in Kansas
- Support health care coverage for all Kansas children through planning, advocacy, and policy development
- Attract and support innovative ideas for improving the oral health of Kansans
- Achieve an effective and sustainable Kansas infrastructure to support oral health
- Create access to dental care on a regional basis for low-income Kansans
- Conduct a yearly "Mission of Mercy" free dental health clinic such as the Manhattan clinic in February, 2009 which provided over one million dollars in free dental care.

Advances include reestablishment of an Office of Oral Health in the [Kansas Department of Health and Environment](#), formation of an effective statewide oral health coalition (Oral Health Kansas), integration of prevention and screenings into many social services and medical practices, additional communities offering water fluoridation, greater capacity for oral health services in low-income clinics, and expanded practice for dental hygienists in public health including Head Start, day care and foster care homes/residential centers.

Every community in Kansas has faith-based programs to meet the various needs of those in their community. SRS Children and Family Services and the CWCMP providers are involved in the following to meet the needs of the children/youth it serves.

Representatives from the CWCMPs are collaborating with the Church of the Resurrection in Olathe to organize A Child's Hope (ACH) ministry to recruit foster/adopt families. The need for homes for large sibling groups and teens, particularly youth of color, has been stressed. Church of the Resurrection has also started a program to collect donated goods to give to youth who are leaving foster care at age 18.

CWCMPs also have many recruitment events in multiple church locations across Kansas in efforts to recruit foster and adoption families. Also, Youthville staff attended a meeting between members from

St Paul's United Methodist Church and United Way staff to discuss opportunities to build a collaborative working relationship around the needs of the community as it relates to teaching English and Spanish.

CWCMPs have also worked with the faith based community to address case specific situations. KVC Behavioral Health was working with a child adopted from Ethiopia, and they were able to help her make connections with an Ethiopian Church to assist her with working through identity and sense of belonging issues.

KCSL distributed 3676 brochures to churches during FFYQ3, highlighting children who are in need of an adoptive family. They are working to expand the brochures to churches in Garden City and in predominately African American churches in Kansas City, Topeka, Junction City and Wichita. They are also setting up "mini" Klicks for Kids exhibits in faith communities.

The Kansas City SRS Service Center staff participated in the Unity Faith Based and Neighborhood sponsored by Unity in Community. They also presented information about different services that are offered by SRS to a meeting sponsored by First Baptist Church of Quindaro and Black Health Care Coalition, Inc. to educate the community about social and health care services available to them at little or no cost. The Dodge City SRS staff met with a representative of Interfaith Housing Services to discuss their plans to provide Individual Development Account programs for the Dodge City Community. Arrangements are in the works to have Interfaith Housing and FNP provide educational programs for TANF customers. Representatives from the Ministerial Alliance attend Prevention Team meetings in the southeast section of the state. In South Central Kansas, each year there is a Quilt Project at Christmas time to donate quilts for each child who is in foster care. Many of the contributors are church groups. Wamego-SRS makes referrals to Community Health Ministries for uninsured as well as families needing food, and Community Health Ministries makes referrals to SRS for people who utilize their services to apply for assistance thru SRS. In Concordia the Sisters of St. Joseph are starting a Neighbor to Neighbor program for which they received a very large grant. The program is designed to serve women with young children. Their target goal is women in poverty. A CFS worker attends all of the work group meetings and offers information and input.

Positioning Public Child Welfare Guidance

Children and Family Services was recently selected as one of 6 public child welfare agencies nationally to participate in the first Positioning Public Child Welfare Guidance (PPCWG) Institute that supports states and local agencies to advance change within their organizations toward child welfare performance improvement. The PPCWG Institute is sponsored by Casey Family Programs, APSHA and NAPCWA, and brings teams from public agencies together and teaches participants on a continuous improvement process to make changes in their organizations based on the Guidance. The institute consists of four sessions conducted in May, July, August and December 2010. During the sessions, participants will become familiar with the Change Management Guidance, identify an improvement area and use one of the other pieces of Guidance to make changes. The institute includes curriculum, resources and leadership tools for public child welfare agencies to compliment current or generate new initiatives. Kansas emphasis is safe reduction of children in care through strengthening prevention of out of home placement and increasing timely reintegration. Selection of Kansas for this institute is a compliment to the tremendous work with families and a reflection of our strong achievement in outcomes for safety, permanency and well being for children and families.

PROGRAM SUPPORT

Technical Assistance/Consultation with National Resource Centers and Advisory Groups

As a result of efforts to improve outcomes for children and families technical assistance has been obtained and is on-going from the resource centers and groups listed below for the issues listed for that resource center or group. A detailed explanation of each strategy, benchmark, time-line and a quarterly update is contained in the Program Improvement Plan (PIP), Attachment 4.

National Resource Center for Child Protective Services (NRCCPS)

A Program Improvement Plan strategy is to assure identification of families who may need additional services to avoid repeat maltreatment. In consultation with the National Resource Center for Child Protective Services (NRCCPS), a review of the current risk/safety assessments determined the tools had the essential content recommended to determine service decisions, including extent of child maltreatment, circumstances surrounding the child maltreatment, child's functioning, discipline approaches and typical context used by care giver, parenting practices and care giver functioning. As a result of the review, some procedures were identified which could enhance gathering safety information beginning at intake and standardizing the information gathered for assessments. Beginning with the receipt of a report at intake, SRS has revised procedures and forms. The revisions include receiving feedback from SRS social workers and administrators statewide. SRS staff received training prior to implementation of the new procedures or forms. NRCCPS continues to provide consultation as quality assurance procedures have been developed to measure progress toward gathering pertinent and sufficient information on child safety at intake.

In consultation with the NRCCPS, SRS social workers, and administrators, revision of procedures on forms is continuing with the initial assessment decision. Plans are underway for training prior to the implementation of the new procedures and forms. NRCCPS consultation will be utilized to review processes for quality assurance.

SRS has developed a working agreement with Casey Family Programs and a proposal with the University of Kansas to continue analyzing safety and risk assessments. It anticipated the continued work with NRCCPS and the additional consultation with Casey Family Programs and the University of Kansas will result in some revision of procedures to enhance the standardized information gathered and documented for assessments.

The National Resource Center for Child Protective Services provided the consultation for a joint meeting of the Citizen Review Panels. On November 19, 2009, representatives of the three Kansas Citizen Review Panels met with Blake L Jones, Ph.D. in a seminar entitled "What Makes Citizen Review Panel Successful: Research, Guidelines and Practical Advice." The first part of the seminar dealt with requirements for citizen review panels and how to recruit, develop and retain panel members. The leader also discussed elements of successful citizen review panels and touched on how to help when panels are having troubles. He gave an introduction to the importance of strategic planning. The participants broke into CRP groups to work on their own strategic plans. A copy of the power point presentation is included as Attachment 8.

The Child Safety and Permanency Review Panel scheduled another session with Mary Jo Pankoke on February 4, 2010 to carry on with strategic planning. In addition to responsibilities as a CRP, the Child Safety and Permanency Review Panel is the Children's Justice Act Task Force under CAPTA Section 107, and is a chartered Governor's Independent Review Board to provide ongoing review of Child Protective

Services policies and procedures and report to the Governor, Legislature and SRS. All of these responsibilities were discussed as part of analyzing information for a strategic plan.

The group first discussed the differences then similarities between CJA, CRP and the Charter group. The NRC leader provided a list of Panel accomplishments that was augmented by Panel members followed by the Panel volunteering challenges they have faced in conducting business. After reviewing the sequence of child protective services policies and procedures on a large scale, the Panel decided to limit its operating focus to the period after child harm has occurred but before anything is done through the court petition process. In addition, the Panel discussed holding community meetings in regions throughout Kansas to provide education to consumers and to gather feedback for Panel members. Seminar discussions produced many questions and areas for further investigation for the Panel to consider. Next steps are to draft a strategic plan for six years with priorities and timelines. This will include an Action Plan for the next year of activities with specific steps, timelines and assigned member responsibilities. Also needed is a plan for tracking actions and results as well as a basis for Panel recommendations. The Panel will continue to work on building a comprehensive strategic plan and may request another day of consultation when the plan is in draft form.

The Kansas Child Welfare Quality Improvement Council, KCWQIC, is establishing a strategic plan for the next two years. Towards that end the council is planning a meeting in July 2010 with a consultant from the National Resource Center for Child Protective Services. The purpose of the meeting will be to secure technical assistance to:

- Improve the structure and organization of the council.
- Sharpen the focus of council projects.
- Clarify the roles and functions of stakeholder membership.

National Resource Center for Family Centered Practice and Permanency Planning (NRCFCPPP)

Program improvement tasks with the resource center include:

- Work to improve assessment processes and increase competencies in case planning which effect stability and timely permanency.
- Convene a workgroup with the assistance of the NRCFCPPP with child welfare professionals to review case planning processes and forms to strengthen participation in case planning.
- With assistance from NRCFCPPP review current state agency policy on concurrent case planning and revise it to include prognostic indicators.
- Assist with Placement Stability project with NRCRRFAP.

Case planning forms and policies were revised and staff from SRS and the CWCPs are receiving training. The training includes modules on father involvement and quality of child/worker visits.

Work with the Child Welfare Permanency Advisory Council and other groups on:

- Improved engagement with the custodial and non custodial parent in case planning and worker contact practices.
- Increase frequency and quality of worker-child contacts.

The Permanency Advisory Committee (PAC) met through-out the year to review the tools used and policies developed regarding involvement of parents in the case planning process, and also the quality of child/worker visits.

National Child Resource Center for Recruitment and Retention of Foster and Adoptive Parents at Adopt USKids (NRCRRFAP)

- Improve assessment processes and increase competencies in case planning that effect stability and timely permanency.
- Work with the help of the resource center, child welfare providers, and the Children's Alliance to develop and implement strategies to increase the pool of adoptive families for older children, children with special needs, children with behavior problems and large sibling groups.

As noted above, case plan training is on-going. The CWCMPs have all developed and submitted their recruitment and retention plans for increasing the pool of adoptive families for older children, children with special needs, and children with behavior problems and large sibling groups. The Adoption Exchange contractor is also doing targeted recruitment for adoptive families for these populations.

The final report on the Study of Placement Stability in Reno, Barton and Finney counties and its recommendations that effect practice and future program planning for child welfare in Kansas was submitted in last year's report. Reports on Placement Stability Initiatives developed by the CWCMPs are included as Attachments 9 through 12.

National Resource Center for Youth Development (NRCYD)

- Worked with NRCYD and KYAC to develop a feedback/documentation tool as recommended by the Kansas Youth Advisory Council (KYAC) to be used by youth during worker/child visits.
- Assisted the agency and Children's Alliance to provide Training of Trainers to staff, foster parents and youth in care, on supporting life skills for youth in foster care.

KYAC developed a tool for youth to use to provide feedback during their visits with workers. Case reads are tracking the use of the tool. The Training of Trainers for foster parents on supporting life skills for youth in foster care was done on September 12, 2009 and is on-going.

National Resource Center Child Welfare Data and Technology

- Obtain technical assistance for the data composites and outcome measures new for 2010. The National Resource Center for Child Welfare Data & Technology provided on-site training to CFS Data unit staff on data composites and measures related to CFSR federal outcomes in March, 2009. No new measures requiring technical assistance from the NRC were initiated in SFY 2010

National Quality Improvement Center on Fatherhood

- Obtain technical assistance to gather practice principles and develop strategies for increasing father involvement in case planning.

Policies on father engagement and involvement were reviewed and clarifications made. Suggestions were made and shared with PAC on practices that would enhance father involvement.

National Resource Center on Organizational Improvement

- Consultation was provided by Susan Kanak, National Resource Center for Organizational Improvement to plan a process for developing a model of child welfare training competencies.

The task will be assigned to a Workgroup, described under Goal One, below.

THE TRAINING PLAN

2010 Update to CFS TRAINING PROGRAM – 5 Year Strategic Plan

Children and Family Services – Training for Child Welfare Staff

Children and Family Services' efforts in recent years have included:

- Development and delivery of well-designed courses for new employees focusing on critical tasks/skills needed prior to caseload assignment;
- Development and delivery of training for experienced employees to build skills in assessment, interviewing, engagement, case planning and critical thinking;
- Improved documentation of training activities;
- Development and support of partnerships;
- Identify and address developmental needs of trainers, supervisors and managers to support effective training delivery and use of "transfer of learning" tools to strengthen learning;
- Increased use of technology to support a learning environment, including online training courses and resources; and
- Strengthen use of evaluation tools, including stronger connections to performance improvement and to quality assurance efforts.

Goals for FFY 2010 – 2015 include:

Goal One – To establish a Training Partnership supporting collaborative training development and regional delivery, and strategic planning efforts related to training. A common goal for members of this Training Partnership will be the collection of needed training documentation to maximize Federal reimbursement for the additional trainee groups established in P.L. 110-351 amended section 474(a)(3)(B) of the Fostering Connections to Success and Increasing Adoptions Act of 2008; and at the increasing FFP rates for reimbursement established in section 477 of this act.

Description

A Child Welfare Training Partnership Committee will include members from SRS, contractors and child welfare case management provider agencies who will collaborate to determine strategic direction and priorities for training, support training documentation efforts to maximize Federal reimbursements available through the Fostering Connections to Success and Increasing Adoptions Act of 2008.

FY2010 Update

In preparation for establishing supports for these strategic planning efforts, collaborative training development and regional delivery, a plan is currently being negotiated to establish both an Advisory Team who would focus on strategic planning efforts through quarterly meetings, and a Workgroup who would focus on the development of a competency model, course development and delivery efforts. The Advisory Team is intended to include representation from Law Enforcement, Education, CASA, Family Preservation, Foster Care, Court Improvement and other CFSR stakeholders

to support progress of the state plan, identify priorities and opportunities for collaboration. The Workgroup would be tasked with specific development projects to support these efforts.

Goal Two – To formalize an ongoing process for development and adoption of a child welfare competency model that is developmental in format, providing a framework of knowledge, skills and abilities that are comprehensive, relevant and responsive to the changing child welfare system in Kansas. The development of a model of child welfare competencies that identifies behavioral developmental standards providing a foundation that all training from SRS, training contractors and Child Welfare Case Management Provider agencies will be linked to is a key initiative toward improvement of the training system in Kansas. This developmental model will support recruitment and retention efforts, individual and organizational training needs assessment, and will establish a reference point to focus training efforts.

Description

This developmental competency format is expected to clarify expectations for entry-level and additional skill levels that will be tied to levels of training and evaluation. A “universe of competencies” includes all of the knowledge, skills and abilities potentially needed by child welfare staff in order to perform assigned job tasks.

FY2010 Update

Following consultation with Susan Kanak, National Resource Center for Organizational Improvement and research on competency models, the task of developing this model of child welfare competencies is expected to be assigned to the Workgroup being planned under Goal One. This workgroup will include partners from CFS (Central Office and Regions) and Child Welfare Case Management Contract providers.

Goal Three – To provide consistency in Pre-service and Core level training for all new child welfare services employees and to provide specialized and advanced practice training to child welfare services employees in support of improved skills in interviewing, engagement, customer service, case management, case planning and the court processes.

Description

Pre-service and Core level training that is mandated to support a consistent standard of practice consists of training in those competencies considered to be fundamental and essential.

FY2010 Update

With the online Case Management pre-service course available through the Training Contract with Children’s Alliance of Kansas, Inc., a consistent pre-service course has continued to be available for all new child welfare service employees. Some planned revisions, updates and additions are now being made to this online resource to improve the content and engagement of supervisors or managers with staff who are completing the online course. Pre-Service training, both online and classroom delivery, for all new CFS Social Work Specialists and Special Investigators has been maintained, with updates to incorporate policy and form changes each January and July.

Pre-Service training for PRC Intake staff and PRC Social Work Specialists to improve skills in customer service, engagement and documentation are addressed through use of *The Intake Link: Advanced Skills for Stronger Protection Connections*, *Application of the Safety Intervention System to the Intake Interview*, and *The Critical Link: Decision Making Skills for Protection Report Center Social Workers*.

Updates to these courses have included information related to the Kansas Intake/Assessment Protection System (KIPS) and the CFS Safety Intervention System. In addition to these populations, an online Overview of the CFS Safety Intervention System was provided for all CFS Social Workers, Special Investigators and Supervisors. The PASSPORT tool has been updated to include requirements for new CFS Social Workers, Special Investigators and students to complete all activities under the Worker Safety, Court Procedures and Protocol and Writing Skills for Legal Reports sections.

Core level training has included a 3-day series of *Motivational Interviewing*(MI), provided for both CFS and Child Welfare Case Management provider staff between June 10 and September 29, 2009 by MINT-certified trainers, Stephen Brazill (Riverside Group, LLC) and Michael Hunter (on loan from Substance Abuse Center of Kansas (SACK) Classes were scheduled in 6 locations across the state. A total of 144 CFS and Provider staff completed the 2-day MI Basics and 136 of these completed the follow-up Day 3 MI Booster. Additional support is made available to CFS and Provider supervisors through workshops on the use of Motivational Interviewing at the annual Excellence in Supervision Conference (2009 and 2010).

Effectively Engaging Families and Youth in Case Planning and Case Management (two Modules) has been developed through the Training Contract with Children's Alliance of Kansas to replace *Family Centered Case Management* and incorporate new forms and practice requirements for case management. A Training of Trainers for both Modules took place January 20 & 21, 2010. Delivery will take place by both Children's Alliance and staff from the Child Welfare Case Management Provider agencies who attended the TOT.

Goal Four – Implementation of standardized Individual and Organizational Training Needs Assessment tools to identify priorities for training development and delivery. Development of a formal Needs Assessment tool that can be used by SRS and Child Welfare Case Management Provider agencies will be a deliverable of the SRS Training contract with Children's Alliance of Kansas. Improved needs assessment will be used to target development and delivery resources.

Description

Individual and Organizational Training Needs Assessment processes will determine the high priority needs for every staff person in the system. Each instrument will contain the universe of competencies and skill level identified for that target group and will weigh the relative importance of three variables:

1. The importance of each competency to the agency and the individual worker's position;
2. The worker's current level of knowledge, skills and ability; and
3. The needed level of knowledge, skill or ability for the position.

FY2010 Update

Development of this Training Needs Assessment tool will be a task completed by the Workgroup currently being organized under Goal One. Although individual needs assessment is completed with staff completing the online pre-service case management course, we continue to need a process to identify organizational training needs for use in strategic planning, collaboration and priorities for training development.

Goal Five – Develop an adequate pool of skilled course developers, instructional designers and trainers to meet the changing needs of the Kansas child welfare system with skills in and use of

technology to meet delivery, distance, evaluation and transfer of learning needs, e.g. Web Quests, pod and webcasts, personal response systems, distance learning tools.

Description

Trainers in a competency-based training system must have well-developed skills for use with adult learners, a thorough knowledge and skill in the topic areas and research base they are to teach, and understanding of the values, standards, and operations of state-of-the-art child welfare practice.

Instructional designers and course developers must have well-developed skills in curriculum development, including skill levels and access to software products needed for development of classroom and online courses.

Trainers for a competency-based system are thoroughly screened, evaluated and ultimately certified to teach only in those competency areas in which they demonstrate a high level of proficiency. They are trained in the use of standardized curricula and learning materials, in adult learning principles and in the facilitation and adaptation of learning activities for participants of varying knowledge or skill levels, as well as for varying numbers of participants while achieving the same learning objectives. They are trained in their role to promote a transfer of learning from the workshop or classroom to the actual job setting and in evaluating the behavior and effort of individual participants while in the learning setting.

All trainers are evaluated each time they conduct a class or session. If the trainer fails to perform to the system's standard, the necessary technical assistance and feedback will be provided to assist the trainer in achieving needed performance improvements. Trainers must meet system standards in order to be assigned to deliver training. This function assures fidelity to standardized training curriculum and a high quality of training delivery.

FY2010 Update

All TOT activities provided during FY2010 have included tools and resources to support training fidelity and trainer development. We are able to connect course development or design resources for those who continue to support training development or delivery, but we have been unable to add to the professional development available. Resources to provide ongoing evaluation of trainers have been limited and these activities are not fully implemented at this time. We will expect to resume these professional development activities once additional staff to support training becomes available.

Goal Six – To design a dynamic curriculum development system that emphasized competencies, social work values and ethics, and Kansas child welfare practice concepts.

Description

Ultimately there will be complete training guides, curriculum and or training workshops, or learning resources available to address all competencies in the developmental model of competencies.

FY2010 Update

Through the contract with a new training vendor, we are making progress toward consistent development of trainer guides and curriculum resources. With standard expectations for online instructional designs that include interactivity, assessment, blended learning and job aids, we use Lectora for online course development and new online courses.

Goal Seven – To ensure that evaluation becomes an integral component of the training system, including evaluating trainers, participant learning, curricula, competencies, the individual needs assessment process, and outcomes for children and families, cost analysis, and general satisfaction with training system responsiveness.

Description

Use of a statewide data tracking system enables the systematic input of information needed to plan, administer, and evaluate training activities and staff participation. Measures of performance for the system must be identified and the system's input and output regularly assessed. A training system should evaluate all elements, including responsiveness of the system to constituents and the effectiveness, quality and timeliness of training.

FY2010 Update

Efforts to improve evaluation activities for both classroom and online learning events continue, and include collaboration with the training contractor to extend evaluation for the online pre-service case management course to include feedback from supervisors or managers.

SRS strengthens the Training System by partnering with Universities, contractors, Child Welfare Case Management Providers and others to sustain effective curriculum and delivery for Kansas child welfare staff. Training System needs include: additional skilled instructional designers and trainers, increased use of appropriate technology to support learning activities and transfer of learning and continued efforts to strengthen connections to Quality Assurance and Performance Improvement. The University of Kansas, with support from Child Welfare Case Management Providers and other partners are recipients of a Workforce Development Initiative grant award that will add benefits for training child welfare staff, supporting social work education at bachelor and master levels, and addressing statewide recruitment and retention efforts.

FY2010 Update

Working with a Training Contract vendor, Children's Alliance of Kansas, Inc., SRS continues to make training and resources available for child welfare staff in Kansas. We are supporting blended or alternate formats to make training available across the state. Along with the Training Contract vendor, Children's Alliance, CFS partnered with the University of Kansas staff involved with the Workforce Development Initiative grant to provide a 'kick-off' for this project in conjunction with the 2009 Excellence in Supervision Conference. This partnership helped make national workforce development experts available for this conference and provided information about plans for this grant project. Additional opportunities to collaborate to support workforce development efforts will continue, with CFS participating on the Workforce Development Advisory Council.

Initial Staff Training (Pre-Service)

The Kansas Child Welfare Training System is both enhanced and challenged by our public/private partnership as we collaborate to face challenges related to resources – allocation, recruitment and retention of qualified staff, and consistent training development and funding delivery on a statewide basis. As each Child Welfare Case Management Provider Agency may employ a different practice model, consistency in practice is gained through commitment of each child welfare partner to the goals of Safety, Permanency and Well-Being and through the use of common practice principles (family-

centered, strengths-based, culturally responsive, family involvement, accountability and community based services) that have been embedded in contracts and training content. Opportunities to improve sharing of resources and address needs for continuous improvement continue.

SRS remains responsible for developing and delivering training to meet the development needs of SRS employees, as well as providing support for Child Welfare Case Management Provider Agency staff to attend training in key skills that contribute to the goals of Safety, Permanency and Well-Being for children in Kansas. Through contracts, grants and incentive funding, SRS works to strengthen the network of resources available to meet these needs.

Pre-Service Training for SRS Children & Family Services staff: Social Workers employed by Social & Rehabilitation Services, Children and Family Services are required to have at a minimum a Bachelors in Social Work and licensure at the BSW level in Kansas. This provides a baseline of an undergraduate Social work degree obtained through a college or university program accredited by the Council on Social Work Education. Graduates who have not completed licensing may be temporarily employed as Special Investigators or as Social Workers under a temporary license for up to six months pending full licensure; with reclassification as Social Work Specialists at the point of full licensure.

SRS Social Work Specialists, Social Workers (6 months or less experience) and Special Investigators are all required to complete Initial Staff Training. This includes pre-service training requirements (prior to caseload assignment) and training that must be completed within 90 days of entering a position. One example is PASSPORT, adapted from CalSWEC as a way of standardizing and documenting early On-The-Job training and relationship-building for staff new to SRS. We are seeing increased success in adoption and use of this tool and will continue to provide support for supervisors as they use this with new staff. Online support resources will be provided, to include regional examples of use and help with challenges.

Pre-Service Training for Child Welfare Case Management Provider Agency staff: An additional area for improvement identified in the CFSR Review is the need for cross-system documentation of training, including having critical, consistent pre-service training available for all Child Welfare Case Management Provider Agency staff. This area of improvement is being addressed as a priority through a new training contract and will include: engagement, case management practices (including assessment and services), case planning and concurrent case planning, family centered practice, use of family meetings, involving non-custodial parents, meaningful visitation, increasing placement stability, quality and frequency of caseworker visits, maintaining connections with kin, culture and siblings, timely permanency and culturally responsive practices. Having a consistent pre-service training in place will allow critical information and skills to be addressed, while still allowing each Provider Agency to add training specific to their agency and practice model.

Pre-Service Training for Prospective Foster or Adoptive Parents: Funded through Title IV-E, Kansas requires PS-MAPP or Deciding Together for all prospective foster or adoptive parents. Certification training for PS-MAPP and Deciding Together Leaders, materials and support for PS-MAPP and Deciding Together classes for foster families and financial sponsorship of selected training for foster families across Regions is provided through a contract with Children's Alliance of Kansas. Children's Alliance of Kansas assures that training is available in all Regions to reduce the drive time needed for any foster or adoptive parent to attend and provides a range of topics related to foster or adoptive care. Each Child Welfare Case Management Provider Agency develops and delivers additional training funded through other sources for employees and foster or adoptive families.

FY2010 Update

As a part of pre-service training for CFS staff, PASSPORT continues to be updated as needed. Recent additions include requirements to complete all activities in three sections: Worker Safety, Court Procedures and Protocol, and Writing Skills for Legal Reports. CFS is currently working to make this tool available online, to reduce any delay in printing or mailing it from Central Office. Pre-service courses have been able to continue with small classes and regional support for specific courses.

Child Welfare Case Management Provider agencies are working to improve collection and reporting of training activities to include categories and participants that are now eligible for an enhanced IV-E reimbursement rate. CFS is providing information, and updating training to support these efforts, although we are not yet claiming this enhanced rate.

Ongoing Staff Training

SRS supports ongoing training for staff through internal and contract resources, both at the State and Regional levels. At the state level, examples of these partnerships include: a Managing Knowledge series of business courses developed through Strategic Development, training for staff in Motivational Interviewing through AAPS staff, federal and regional partners, Rehabilitation Services; and additional strategic skills training for staff through Strategic Development.

At Regional and State levels, CAPTA funds are available to support meeting training needs and have been used for collaborative training with law enforcement, training on worker safety, secondary trauma, sexual abuse interviewing, physical abuse identification, and photo-documentation of injuries; as well as registration and travel for attending key conferences on child welfare topics.

Training development and delivery efforts will focus on PIP-related initiatives, implementation of a Safety Intervention System and use of distance learning or online courses and materials. Critical needs include development of replacement options for courses currently available as computer-based training, an effort that will require additional partnerships and resources.

FY2010 Update

Extensive training development activities and resources were used to prepare staff for using KIPS (Kansas Intake/Investigation Protection System), with delivery to nearly 600 users accomplished during January and February 2010. Additional efforts are needed to update and make user manuals available for each role, and to develop a self-managed online series that can be targeted to specific learning needs. CFS partnered with Adult Protective Services, ITS, Regions and the vendor, Harmony, to develop and deliver the training materials

With funding approved and support from SRS Strategic Development, a project is underway to re-develop four of the Building Family Foundations courses into a current format for use by CFS, Child Welfare Case Management Provider staff and others. With transcripts created from the content of these four courses, these will be reviewed and updated in consultation with experts available in the state. Video segments will be re-created and edited, with the assistance of SRS Strategic Development and the content of each course will be re-developed. In order to address network limitations, the outcome will be interactive online courses supported with video available on a companion dvd. Consultation with national experts was completed to identify technological options that would meet our needs and resources. The video work, including costs for actors and locations, will be completed before September 2010. The additional re-development work for each course will be scheduled as staff resources are confirmed, with a plan to have all four courses completed, tested and available by December 2010.

A Child Maltreatment Fatality Workgroup has been established to identify strategies that will to enhance the competencies of the Child Welfare workforce regarding Child Maltreatment Fatalities. A key strategy will be to focus on identifying the threshold for when a medical examination should be requested for children under the age of one. One step in support of this will be the Keynote by Dr. Kay Rauth Farley at the September 2010 Excellence in Supervision Conference, to prepare supervisors for both SRS and CWCMP to provide support as staff are developing additional competencies regarding Child Maltreatment Fatalities. Dr. Rauth Farley is also developing content for an online course on Pediatric Abusive Head Trauma (AHT) that will be available in August, 2010. In addition, agency-wide access to The Period of Purple Crying from the National Center on Shaken Baby Syndrome (both Dose 1 and Dose 2) has been obtained and will be available through the SRS Student Center in June 2010. Access to these resources is expected to improve the competencies of SRS and CWCMP staff in understanding crying as a behavior for infants and to identify families who may need additional resources or support to safely manage frustration. In addition to providing access for this information to staff, SRS is supporting the use of The Period of Purple Crying materials as a part of other prevention activities.

Two additional courses developed by Kentucky, from their online Medical Elements of Child Abuse and Neglect (MECAN) series have been reviewed and will be adapted and made available in Kansas. These courses will be available online for SRS Supervisors, Social Work Specialists, and Special Investigators through the SRS Student Center, and will also be made available for CWCMP staff through KS TRAIN. These courses include: Bruises, Burns and Bites; and Skeletal Injuries/Abdominal Injuries.

SRS provides or supports training through contracts with Children's Alliance of Kansas, Finding Words Kansas, Kansas Children's Service League, Kansas Coalition on Sexual and Domestic Violence, Families Together, Kansas Legal Services and Child Welfare Case management Provider Agencies. We utilize technical assistance to develop additional training resources and partner with other state agencies such as the Office of Judicial Administration. Current efforts include engaging law enforcement agencies in sharing training at state and local levels.

SRS supports and participates in planning of several statewide Conferences, including:

- Governor's Conference for the Prevention of Child Abuse and Neglect
- Crime Victim's Rights Conference
- Excellence in Supervision Conference
- Parent Leadership Conference
- Fatherhood Conference
- Kansas Foster and Adoptive Parent Conference

In SFY 2010, the Fatherhood Conference and the Parent Leadership Conference have plans to combine their resources to conduct a joint conference that reaches more parents.

Training for Supervisors and Managers

The use of peer review and critical thinking has been incorporated into several courses, including Case Finding Peer Review for Supervisors. Additional opportunities and supports for peer review will be explored.

Strengths-Based Group Supervision is one of the courses available for both SRS and Child Welfare Case Management Provider supervisors. Following training, use of group supervision has been implemented

in some Regions for work with CFS staff units, new employees, and students in practicum placements. Designed for broader use than staffing case findings and identifying resource options, group supervision is intended to provide peer teaching, support and to address issues of compassion fatigue or traumatic stress.

The Supervision in Child Welfare Series developed through a previous contract for training development and delivery with KU Child Welfare Resource Network was implemented for four groups (two with CFS and two with Child Welfare Case Management Provider Agencies) during FY2009. Feedback for content and delivery from this pilot effort is being assessed to identify strengths and opportunities for improvements. One area of strength already identified was the additional resource of an online emotional intelligence assessment for each participant, with review and personal consultation with someone certified for the Bar-On assessment tool. Data collected was included as a comparison group in a broader Agency study focused on retention and succession planning. The goal is to identify critical emotional intelligence competencies for leadership success that may be useful in identifying leaders and succession planning. This information will be included in review for the developmental competency model project. A second area of strength included in the design of this series and partially implemented is the use of WebQuests to provide easily accessed, brief learning resources to participants prior to and following each course to support transfer of learning and use of action research. This method minimized classroom time while providing accessible learning opportunities.

The Excellence in Supervision Conference returns to a fall schedule in September 2009 and will be offered in conjunction with the kick-off of the Workforce Development Initiative, strengthening the link to recruitment and retention efforts.

FY2010 Update

As the current training vendor makes progress toward use of curriculum developed under a previous contract, Strengths-Based Group Supervision has been updated and scheduled for delivery at a Training of Trainer class on April 27, 2010. Ongoing delivery will take place through Child Welfare Case Management Provider trainers, CFS trainers and through the Training Contract with Children's Alliance of Kansas, Inc. The Supervision in Child Welfare series resumes with a Training of Trainer class for Foundations and Session A scheduled for July 8 & 9, 2010. An alternative to the emotional intelligence assessment and consultation provided during the pilot will be developed, as the certified resource person is no longer with the agency.

The Excellence in Supervision Conference held September 23 & 24, 2009 in Salina featured a partnership with the Workforce Development Initiative on Day One, followed by a Keynote and 9 workshops (in 3 concurrent tracks) Day Two. With 107 participants for one or both days of the conference, participation from both Child Welfare Case Management Provider agencies and SRS was significantly lower than previous years. This was not unanticipated, as programs were also experiencing layoffs of staff at the time of this event.

Planning began on schedule for the September 15 & 16, 2010 Excellence in Supervision Conference, which is also scheduled in Salina. Workshop, Keynote and Institute presenters have been identified and confirmed, addressing topics including: Helping Staff Identify the Threshold for Physician Consultation, Supporting Trauma-Informed Practice, Motivating and Encouraging Staff, Supervising in Difficult Times, Managing Workforce Diversity, Helping Your Staff Understand the Mind of a Traumatized Child, Compassion Fatigue and Burnout, Using Motivational Interviewing Skills to Enhance Performance, an update from the KU Workforce Initiative, and a presentation from the Kansas Youth Advisory Council.

Planning includes linking presentations to current and upcoming initiatives and providing support for SRS Supervisors and Managers to attend.

Content and Quality of the Training

Content for each course continues to be reviewed every six months or as policy or practice changes are introduced, addressing opportunities to improve use of adult learning and instructional design principles. CFS continues to use a preview model for course materials, delivery method and delivery plans to gain feedback from CFS Central Office and Work Group or Field Representatives prior to implementation. We continue to work with training and contract delivery staff to use a standardized format for participant materials, trainer's guides and materials as these are developed and updated. This standardized format supports knowledge management as personnel changes take place and are being used to support transition for several courses to delivery by Regional staff. This standardization will continue to be used as a tool to address fidelity in delivery of courses.

The quality of training delivery is being addressed through training, co-training models, coaching and feedback for trainers. A program of certification for Regional trainers is in development as they assume some responsibilities for training delivery. Trainer Observation and Feedback forms adapted from the University of Kentucky-Louisville and Iowa Department of Human Services continue to be useful for identifying trainer development needs and address training fidelity.

FY2010 Update

While review and updates of training material continues, the certification program for Regional trainers has been postponed as Regions have addressed staff shortages by returning staff to caseload positions and have been unable to maintain support for training delivery. As resources allow for staff to return to training positions, this program will be pursued.

Strengthening Connections between Training and Performance

SRS is committed to using feedback and data collected through Performance Improvement and Quality Assurance efforts to improve and develop training for staff. This will include identifying data items connected to Safety, Permanency and Well-Being outcomes and assessing the impact and effectiveness of training. Development of a formal feedback process to target effective design, implementation and follow up of training will be implemented. Continued and extended use of evaluation is expected to provide more accurate information about the impact of training on job performance.

- Level One Evaluation data is collected for all Initial Staff Training courses whether delivered online and face-to-face. The results of these evaluation tools are reviewed and used to identify points of improvement for training content or delivery. One item on these Level One evaluation tools is used to survey for additional training needs and interests of staff, contributing to the training needs assessment for the system. Additional items collect feedback on the appropriateness of the audience for required courses. This feedback continues to be helpful in identifying agency, provider or community partners who may be invited to future classes, as well as helping to identify instances when requirements for attendance may have been too broadly set.
- Level Two Evaluations using embedded evaluations to observe and assess participant ability to use specific skills are in place to focus on key concepts for each course offered. While pre- and

post-assessment tools are in use for some courses, we plan to implement use of technology to assess understanding during courses and capture this data for individual feedback. Contact with Performance Improvement will help create a feedback loop for specific elements that connect to training content and CFSR Outcomes.

- Level Three Evaluations will be used for specific courses and include tailored Transfer of Learning activities. Our intent is to actively engage front-line supervisors in supporting transfer of learning and application of skills and information to practice in the field. An extensive Level Three evaluation is now in use for Interviewing Skills for Child Welfare. Level Three evaluation and Transfer of Learning tools will be developed for additional courses.

The major Program Improvement Plan strategies are to provide pre-service training statewide for agency and contract case managers and supervisors that will improve core competencies in case management, case planning and the court processes.

FY2010

With development and implementation of the *Effectively Engaging Families and Youth in Case Planning and Case Management* (Modules I and II) and *Initiating Child in Need of Care Proceedings: Documentation for Court* courses, we were able to address several major Program Improvement Plan strategies for training. With these now available in Regions on an ongoing basis, the efforts of the Child Welfare Training Contract is now focused on updating and deploying additional courses available and in use prior to the contract change.

Training Reimbursement

Currently the State of Kansas is claiming 75% IV-E training reimbursement for allowable training for state staff and PS-MAPP, Deciding Together and specialized training for foster parents providing care to children in the Custody of the Secretary. Fostering Connections to Success and Increasing Adoptions Act of 2008 made changes to IV-E training allowing additional categories of both training and training participants to be claimed at an enhanced rate, adjusting annually until FFY 2013 when all short term training will be reimbursed at the 75% rate paid for state staff. Training by the CWCMP contractors is part of the payments paid to them but is claimed at the general administrative rate versus training rate. To claim at the enhanced training rate, methodology will be added to the PACAP, additional training information will be added to the state plan, additional training and participant documentation will be gathered for both agency and provider training and the Child Welfare REST will be adjusted to capture the data needed to allocate.

FY2010 Update

In order to claim at the enhanced training rate available through Fostering Connections to Success and increasing Adoptions Act of 2008, a methodology is being developed that will be added to the PACAP following approval of this State Plan. Adjustments to the Child Welfare REST and provider training and documentation will be added the first quarter of FY2011, although claiming at the enhanced rate will not begin until approval of the State Plan.

FY2010 Update

The listing of Training Courses Available for SRS Children & Family Services Social Work staff has been updated in Attachment 13.

TRIBAL CONSULTATION

There are four federally recognized Native American tribes located in the state of Kansas. The Iowa Tribe of Kansas and Nebraska is located in Brown and Doniphan counties in Kansas. The Kickapoo Tribe in Kansas is located in Brown County. The Prairie Band Potawatomi Nation is located in Jackson County, and the Sac and Fox Nation of Missouri is located in Brown County. Each tribe has its own Social Service Department that addresses the full range of child welfare issues occurring on the Reservation and with tribal members living near the Reservation. If a child living on or near the Reservation comes into custody they come into Tribal Custody with the Tribal Court Judge presiding over all child welfare matters related to the case.

The Memorandums of Agreement (MOA) with each tribe (Attachments 14-17) describe the measures taken by the state to comply with the Indian Child Welfare Act. The MOA's were updated and signed by all parties June 2006 and are effective until June 30, 2011. Hard copies of the MOA's with the Signatures of the Tribal Chairperson and the Secretary of Kansas SRS were submitted to the Regional office in June 2006. Language in the revised MOA's reflected changes in language in the Code for the Care of Children. A review of the specific measures taken by the state to comply with the Indian Child Welfare Act was conducted with each tribe as an outgrowth of the updating of the MOA's.

The Memorandum of Agreement affirms the state's commitment to prevent unnecessary removal of Indian children from their caretakers, and to secure an emergency placement with an Indian relative or an Indian foster home whenever possible, if placement becomes necessary.

The Memorandum of Agreement with each of the four tribes within the State of Kansas outlines with each tribe the understanding that the respective tribal social service agency has been designated by the tribal government to provide child welfare services to the children and families of the tribe on the reservation. In addition, each Agreement states SRS is the single state agency designated for the purpose of receiving and distributing federal funds for the protection of children, prevention of child abuse and neglect, the provision of safe and stable homes for children throughout their minority and the implementation of all applicable state and federal child welfare laws.

The MOA outlines with each tribe the policy of SRS to involve Indian tribes and organizations at the earliest possible point in social service intervention with Indian families whether the Indian children are from the Tribes based in Kansas or from tribes based outside Kansas and living in Kansas. The purpose of such involvement is to:

- Facilitate communication with the Indian family,
- Prevent unnecessary removal of Indian children from their caretakers.
- Secure emergency placement with an Indian relative, or an Indian foster home whenever possible.
- Assist with the notification requirements of the Indian Child Welfare Act,
- Assist in securing reliable identification of Indian children, and
- Assist in the placement of Indian Children in appropriate homes.

The MOA continues to outline the Agreement between SRS and the tribal government in relation to the identification of tribal children and tribal affiliation, children in need of care assessments, services to

prevent out of home placements, the decision to petition, transfer of jurisdiction, adoption, funding for Indian children in foster care and licensing requirements for foster homes.

Identification of Indian Children and Tribal Affiliation

The State of Kansas operates a child welfare service system which contains the seven systemic factors required by the Social Security Act. Indian children, in the custody of the Secretary of SRS or Tribal Court, are included and receive benefit from the elements of the Kansas system; the statewide information system, a case review system for each child receiving foster care under the supervision of the State, a service program designed to help children, where safe and appropriate, to return to families from which they have been removed or be placed in a permanent placement, and a pre-placement preventive services program designed to help children at risk of foster care placement remain safely with their families.

SRS considers that a child is an Indian child if any party to the case, any person, Indian tribe, Indian organization or public or private agency informs the worker that the child is enrolled in an Indian tribe or is eligible for membership in an Indian tribe or is the biological child of a member of an Indian tribe. Upon receipt of a complaint or referral pursuant to the Code for Care of Children, regarding a child whom SRS social workers know or have reasonable cause to believe is a member of a tribe in Kansas or the child of a member and eligible for membership, the social worker will contact tribal social services of the respective tribe regarding the child.

The CFS-1000 Intake form requests ethnic/tribal information for the child(ren) at the time of intake. The YA-2300 form requests medical and genetic information on the child and his/her parents. It must be filled out for each child at the time they enter foster care. The judicial council form packet includes specific forms for Indian children to facilitate compliance and understanding.

Services provided through the child welfare grants

Child Protection Services. Tribes will conduct culturally sensitive investigations on reports received from the community regarding the alleged abuse or neglect of children. Upon completion of the investigation, the tribal worker will file, if necessary, petitions to the court, refer the family for services, or close the case. If during the investigation, the perpetrator is substantiated, the tribal worker will forward the information to the Northeast Regional office for inclusion in the Child Abuse and Neglect Registry.

Family Preservation Services. Tribes will provide culturally sensitive services to families in crisis with the goal of maintaining the family unit and preserving tribal connections. A family support worker may also be utilized in this program. The services in this program range from intensive direct services to referrals to community resources. The primary goal of this program is to assist families through crisis and help them to learn how to access resources independently of government involvement.

Foster Care Services. Tribes provide culturally competent services to assist youth in need of out-of-home placement. A family support worker may also be utilized in this program. The services include case management, placement of children in approved relative homes or licensed foster homes, in conformance with placement practices of ICWA, case planning, reporting to the court on the progress of the case, assisting with child care costs, and the direct provision of or referral to services to the family and child to assist in reintegration. This service may also be used to provide any out-of-home needs of children who are unable to be returned to their family of origin, such as adoption, custodianship, or another planned permanent living arrangement.

Independent Living Services. Tribes assist youth who are age 15-21 and in custody pursuant to an order of the tribal court. The services provided in this program include any service to promote the youth's independence, including subsidy, adult education classes, independent living classes, and assistance with obtaining job skills. Life Skills Services provided by tribal workers are identical to those provided by the child welfare contractors.

Chafee program benefits are available to Tribal youth on the same basis as they are to other youth. Tribal staff are aware of the programs and benefits. Independent living services are delivered to tribal youth and are reported in the quarterly program reports. All youth under tribal jurisdiction are eligible for services and supports through Chafee on the same basis as other youth. Comprehensive Social Service Grants including Independent Living services are provided to all four tribes to provide child welfare services to tribal youth in their jurisdiction. Regular contact with Tribal staff is conducted through scheduled Independent Living Coordinator meetings, stakeholder meetings and other contacts made directly by CFS staff to tribal staff for coordination of child welfare services. All youth currently in out of home care or custody are informed of program eligibility and resources by contractor, JJA, Tribal and SRS staff at case planning conferences. Tribal youth are invited to participate in the summer CFS Computer Camps and the annual summer youth conference.

Consultation with the Tribes

Tribal social services staff members have been involved in focus groups for the development and writing of the Program Improvement Plan and through their membership on the KCWQIC Council. Recent meetings between State CFS and tribal staffs were held during the spring and winter of 2009, and the spring of 2010. State staff met with the Director and social worker at PBPN social services several times, with several tribal members and staff at Native American Family Services and new staff members at Kickapoo and Sac and Fox Social Services. Meetings are always at the tribal offices on the Reservation. CFS staff meet with tribal social service and Tribal Council staff when the Council chooses to be involved in the meetings.

The Social Worker and Director at Sac and Fox Social Services and the Social Services Program Director at Kickapoo are new to the agencies. The social worker, a recent graduate, is new to child welfare although she has adult protective services and other work experience. The Youth Program Director at PBPN is new to the position. In the meeting of June 2, 2009, the Northeast Region Services Supervisor offered and made plans to go over the on-line CFS Policy and Procedure Manual with the Sac and Fox Social Worker to acquaint her with policy and procedures used in child welfare and to answer her questions as an introduction to child welfare work. In another meeting on the same day, discussion and problem solving centered on Native American Family Services having a large number of children in foster care creating strains on their child welfare budget. Various options and solutions were discussed with follow-up work to continue between CFS and NAFS staff. PBPN staff have requested information and assistance from CFS on federal Title IV -B and IV-E requirements in relation to the new Strengthening Families legislation. PBPN has an approved Title IV-B plan and are continuing their efforts to obtain Title IV-E funding. The new law has been discussed with Native American Family Services and Sac and Fox staffs. Prior to the spring 2010 tribal meetings, a copy of the state plan was sent to the tribes for review and comments. The state plan and the National Youth in Transition Database (NYTD) were discussed at the meetings. Sac and Fox requested information and assistance from CFS and KDHE on training for licensing of foster parents.

PHYSICIANS AND APPROPRIATE MEDICAL PROFESSIONALS

State of Kansas Health Oversight and Coordination Plan

SRS has collaborated with the Kansas Health Policy Authority (KHPA) to plan and ensure the implementation of ongoing oversight and coordination of health care services for any child in the child welfare/foster care systems. While SRS has primary responsibility for the child welfare/foster care systems, and also for the public mental health and substance abuse treatment systems, KHPA is the designated single state Medicaid agency and has primary responsibility for physical health care. Because of this unique structure, much care has been taken to ensure coordination and collaboration in service development and oversight, as well as in ongoing monitoring of services for these youth.

KHPA manages KAN Be Healthy (State of Kansas EPSDT Program), which is a mandatory component of Medicaid services for Kansas youth. Some highlights of that program include:

- The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) legislation and includes periodic screening, vision, dental and hearing services. In addition, section 1905(r)(5) of the Social Security Act (the Act) requires that any medically necessary health care service listed at section 1905(a) of the Act be provided to an EPSDT recipient even if the service is not available under the state's Medicaid plan to the rest of the Medicaid population.
- All children in Kansas who are Medicaid eligible are able to utilize the benefits in the KBH program, including youth served through managed care programs. Kan Be Healthy covers children from birth through age 20 (Title 19) or through age 18 in Title 21), and includes preventative health care and other medically necessary services.
- The Kansas Chapter of the American Academy of Pediatrics (KAAP) meets quarterly with the State Program Manager to provide updates, make requests and assist in design of best practices for the KBH Program.
In addition, both KHPA and SRS work with an "ABCD+" grant project that is currently focusing on effective ways to consistently identify potential mental health treatment needs and connect to mental health treatment resources. The goal of this focused effort is that a standardized mental health screening will be completed, scored and interpreted at every youth's physician visit, with follow up identified and referrals documented.
- KBH Coordinator functions are handled through HP Enterprise Services, the fiscal agent for Kansas Medicaid. These functions include but are limited to: publishing the KBH quarterly newsletter; responding to both consumers and providers of KBH services; maintenance of the KMAP-KBH Website and link, and; conduction of provider reviews and subsequent follow-up.
- The 12 KBH Screening Standards are:
 - Comprehensive Medical History – including a mental health component.
 - Comprehensive Unclothed Physical
 - Comprehensive Developmental History and Screening – including a mental health component, and specifically focusing on the "ABCD+" grant project elements as noted above

- Complete Nutrition Screen
- Comprehensive Body System Screening
- Health Education and Anticipatory Guidance
- Blood Lead Screening
- Appropriate Laboratory Screening
- Appropriate Immunizations related to Health History and Age
- Appropriate Hearing Screening
- Appropriate Vision Screening
- Appropriate Dental Screening
 - This includes an oral screen and a mouth health review, as well as the goal of assignment to a dental home by a child's first birthday.

The periodicity schedule for childhood screening follows both the American Academy of Pediatrics and that of Bright Futures. The periodicity guidelines were most recently updated in January 2008, to reflect changes made to the AAP and Bright Futures designs.

Oral Health Kansas facilitated the expansion of sites where extended care permit hygienists could perform assessments, cleanings, fluoride treatments, and apply sealants. These services are able to be performed in schools, nursing homes, Head Start, and Early Head Start sites. Additional sites included in KSA 65-1456 were the homes of children in families receiving Family Services and Family Preservation Services, and in the out of home placements for children in the custody of the Secretary of SRS or the Commissioner of JJA. Extended care permit hygienists must be experienced hygienists who have a sponsoring dentist who reviews the findings and reports. HP Enterprise Services, the Kansas Medicaid agent, continues to work to increase the number of dentists who are Medicaid providers. Kansas Department of Health and Environment through its Oral Health Services, is training pediatricians and other physicians who complete KBH assessments on how to do the oral health assessment and apply fluoride varnish.

A Medical Checklist tool is used to ensure a child's medical needs are addressed on an ongoing basis. Medical issues covered by the Kan-Be-Healthy screening are documented on the Medical Checklist. Additional areas that should be considered when documenting the health needs of a child at the case planning conference include but are not limited to eye and dental examinations.

The oversight of prescription medication includes reviews of treatment plans every 3 months by CMHCs and every 30 at PRTFs. These reviews assess the medication being given and its effectiveness. Also, some medications require blood tests at given intervals. Private physicians assess the efficacy of medications which have no known risk issues to the patient's overall health every 6 months to a year. They have to adhere to the requirements of the specific drug administered and the reaction to that medication by the individual patient if there are health risks to the patient. PRTF standards include:

Drugs or medication used for standard treatment of the resident's medical or psychiatric condition shall not be considered a restraint. Standard treatment for the resident's medical condition shall mean the following.

- Medication is used within the pharmaceutical parameters approved by the FDA and the Manufacturer for the indications it is manufactured and labeled to address, including listed dosage parameters.

- The use of the medication follows national practice standards established or recognized by the medical community and/or professional medical association or organization
- The use of medication to treat a specific resident's clinical condition is based on the residents symptoms, overall clinical situation, and on the physician's or other Independent Licensed Practitioner's knowledge of the resident's expected and actual response to the medication.
- The standard use of a medication to treat the resident's condition enables the resident to more effectively or appropriately function in the world around them than would be possible without the use of the medication. If the overall effect of a medication is to reduce the residents ability to effectively or appropriately interact with the world around the resident, then the medication is not being used as a standard treatment for the resident's condition

The use of psychopharmacological medication used in excess of the resident's standard plan of care should be considered a restraint. This includes:

- Drugs or medications used to control behavior or restrict the individual's freedom of movement
- Drugs or medications used in excessive amounts or in excessive frequency
- Neuroleptics, anxiolytics, antihistamines, and atypical neuroleptics, or other medications used for calming rather than for the medications' indicated treatment
- All rules, regulations, and guidelines governing the use of restraints apply when these drugs are used as a restraint

SRS has primary responsibility for the public mental health and substance abuse treatment systems, and key components of those systems are community based managed care programs that include Medicaid funded services for youth in the child welfare/foster care systems. The access, quality, performance management and oversight criteria for those programs all apply equally to these youth, and are monitored extensively by state staff. Oversight of those programs is shared collaboratively between SRS and KHPA, as well as consumers, family members, providers and other interested stakeholders. State Quality Committees that review key outcomes, as well as a cross agency Managed Care Oversight Group, meet quarterly to review trends and respond to system issues. Dedicated program staff meet regularly with managed care contractor staff, and also receive monthly reporting packages, to review and respond to ongoing program management as well as individual consumer grievances, concerns or program issues.

When the community based mental health managed care program was being developed, SRS identified as a key value that the provider network would be expanded to include child welfare providers. Extensive work was done with the managed care contractor to ensure that the provider network was expanded and strengthened to include child welfare-related providers. The result of that work has been a successful provider network expansion:

Kansas Health Solutions continues its priority of outreach to, and support providers outside of, the existing CMHC system. The current provider network includes these

providers – in addition to the 27 CMHCs and their 1,205 directly connected mental health professionals – resulting in a provider network increase of over 118%. Data as of March 31, 2010:

Provider Type	Number Associated With Child Welfare Provider Agencies	Number of Independent Practitioners
ARNP	10	63
LCMFT (Licensed Clinical Marriage and Family Therapist)	42	57
LCP (Licensed Clinical Psychotherapist)	12	25
LP (Licensed Psychologist)	0	1
LPC (Licensed Professional Counselor)	48	39
LCPC (Licensed Clinical Professional Counselor)	12	42
LCSW (Licensed Clinical Social Worker)	0	10
LMFT (Licensed Marriage and Family Therapist)	31	42
LMLP (Licensed Masters Level Psychologist)	6	5
LMSW (Licensed Masters Social Worker)	200	112
LSCSW (Licensed Specialist Clinical Social Worker)	57	234
MD	9	141
PA (Physician's Assistant)	0	7
PhD Psychologist	5	161
PsyD (Doctor of Psychology)	1	17
TLMFT (Temporary Licensed Marriage and Family Therapist)	11	4
TLMLP (Temporary Licensed Masters Level Psychologist)	4	2
TLMSW (Temporary Licensed Masters Social Worker)	4	1
TLPC (Temporary Licensed Professional Counselor)	6	1
Total	458	964
Combined Total	1,422	

In addition to the program development/delivery level connections, SRS collaborates and coordinates with KHPA regarding Medicaid services at several systemic levels, including:

- Monthly meetings between leadership staff at both agencies, to identify and respond to system concerns, program trends, legislative and other issues of mutual interest.
- Twice monthly meetings between senior managers at both agencies, to identify and respond to program or system issues, as well as CMS submissions and liaison matters, across agencies and program areas.
- Quarterly Managed Care Oversight Group meetings that review service outcomes and trends related to community based managed care mental health and substance abuse programs.
- Both agencies are governed by an extensive Interagency Agreement that includes additional details as to how the system and program connections will be implemented over time.

Fostering Connections to Success and Increasing Adoptions Act of 2008

State Legislation was thought necessary for Kansas to comply with the state plan requirements to further develop health care oversight and coordination in consultation with the State Medicaid Agency and health care providers. The state requested the effective date of this requirement be July 1, 2010, and that request was granted by ACF. Upon review, it was determined that a memorandum of agreement between SRS and the Kansas Health Policy Authority would obviate the need for legislation. The agencies entered into a memorandum of agreement describing a coordinated strategy to identify and respond to the health care needs of children in foster care including oversight and coordination of medications with close attention to psychotropic medications as described above.

RESEARCH AND PROGRAM EVALUATION

Focused Study on Mental Health Services

PIP items included assuring children's mental health needs are assessed and services are provided, as well as, to follow up on the focused study of mental health services delivered to children/youth in foster care.

The primary purpose of the Children in Foster Care Focused study (FY 2008) was to understand whether the PAHP improved mental health care for children in foster care as shown by four indicators: service utilization, timely access, outcomes, and institutional care. Twenty-four measures were used to provide a comprehensive, robust study. A secondary goal was to establish a research framework that could be used overtime to assess behavioral health services for children in foster care. This study's preliminary conclusion was that the PAHP's impact on mental health care was, essentially, neutral. The first six-months of the PAHP showed few changes in these indicators that could be attributed to this policy and structural change. In a few instances declining trends in service utilization were noted; however, historical data demonstrate that these trends started well before July 1, 2007 and the PAHP was not the cause of these declines. In another instance PAHP data showed improvements in timely access (i.e., intake to first service). Again, researchers are reluctant to designate the PAHP as reason for the differences in these data and suggest the need for further investigation.

The completed Program Improvement plan includes specific tasks, assignments, benchmarks and time frames for completion. The outline of the Program Improvement Plan included the following:

- Conduct workshop on most advanced assessment tools for children and adolescents at annual behavioral health conference in September, 2009. KHS is currently collaborating with child welfare contractors to identify an appropriate assessment tool for the workshop in September. The workshop did not occur, but the CWCMPs have collaborated with KHS regarding assessment tools.
- Propose to SRS that all, or a portion, of a mental health assessment from a prior placement be accepted if it is within 60 days of new placement. The proposal was modified from the mental health assessment being accepted at the new community mental health center from 60 days of a new placement to 30 days. This modified proposal was accepted and this is current practice.
- KHS Utilization Management Committee to disseminate model intake process form to field. A universal referral packet was developed and approved by the community mental health center Executive Directors, and is in use.
- KHS to develop web-based file transfer protocol to facilitate information exchange about children and adolescents who change providers.

In SFY 2009, this proposal was under development. FileZilla, a free file transfer protocol application, was chosen for this project, and policies and procedures were being developed by a joint committee of child welfare provider and community mental health center staff. Beta testing was being conducted but the project was not finalized, due to the ending of a Pilot Project, described below. However, a system is in place to expedite mental health services to children who are in foster care and experiencing a move. At this time, it is based on phone calls and follow-up emails. KHS will soon be utilizing encrypted email which, in combination with the standardized forms, should make quick and complete communication between and among service providers much easier.

- KHS to offer training on access standards and SED waiver to child welfare providers. Training on the SED waiver was well received by the child welfare providers. The schedule for this training was as follows:

March 10, 2009	Highway Patrol Building 1821 Frontier Road Hays, KS
March 11, 2009	Salina SRS Office 901 Westchester Salina, KS
March 25, 2009	Pittsburg SRS Office 320 Broadway Pittsburg, KS
March 26, 2009	Overland Park SRS Office 8915 Lenexa Drive Overland Park, KS
March 31, 2009	Rooms A & B, SRS Learning Center Topeka, KS
April 14, 2009	Dodge City SRS Office 1509 Avenue P Dodge City, KS
April 15, 2009	Wichita SRS Office 230 E. William Wichita, KS

Training on access standards will occur separately. The target date for completion of this training is 6/30/09. A webinar on access standards was completed on March 24, 2010. A total of 36 providers participated in person. There were also a number of individuals who participated on-line.

- Host overview MH/CW panel presentation at the ACMHC Annual Conference. Invite CW providers.
This event did not occur. Due to budget constraints, the Annual Conference of the Association of Community Mental Health Centers of Kansas, Inc. (ACMHCK) had to be scaled back from previous years. The decision was made by conference organizers to cancel this presentation and focus instead on childhood autism, which has been a growing concern in the community mental health centers around the state. The two groups have been meeting on a regular basis through

a KHS facilitated group as well as a KU facilitated group. CMHCs are now taking referrals for autistic children with mental health needs.

- Utilize KHS outlier management process to intervene with high exception user providers and continue to monitor the rate at which exceptions are used.

The access standard was changed in April of 2010 on the recommendation of an independent PAHP waiver evaluator. Kansas Health Solutions no longer tracks outpatient appointments by emergent, urgent, and routine standards. Exceptions no longer exist under the new tracking system. There is currently a single outpatient appointment category, and within that category Kansas Health Solutions tracks the timeliness of the first offered appointment and the timeliness of the first completed appointment. Providers are expected to have offered and completed an initial appointment within ten calendar days of the consumer's request for an appointment. Initial performance data on the new access standard tracking will be available starting July 30, 2010.

- KHS convened a Child Welfare group, to create a process that identifies children and adolescents who disrupt 3 placements in 120 days. This will allow for the use of crisis codes in the billing system, an incentive for MH providers.

In FY 2009, a pilot project was developed to serve 25 children in foster care who experience multiple placement moves and who therefore have not had an opportunity to receive intensive, community based mental health services. Crisis stabilization services and intensive mental health services were to simultaneously be provided with the goal of keeping them from experiencing additional moves. The pilot project went live in September, 2009. Due to an absence of referrals, the pilot project's criteria were revised in November, 2009 to include children discharging from emergency shelters and physical health hospitals. The number of placement disruptions needed to join the project was decreased as well. However, by year's end, three children had been identified to participate in the project. In February, 2010 the project was terminated due to a lack of additional referrals from child welfare contractors.

Although the Pilot was not successful, the positive outcome of the collaboration include a means for agencies to be able to coordinate with each other to address the needs of children who have complex, multiple problems and are involved with providers from numerous service areas. KHS will continue to offer pilot like services as care coordination will still be available. The Care Coordinator will work to facilitate an integrated team approach allowing identification of and access to services to meet the overall needs of the child. As clinically appropriate, this team approach will include multiple individuals such as providers involved in the child's treatment, the child, and family members/support people.

In addition, KHS has implemented a diversion project. KHS runs a report each morning to identify KHS Members, including children/youth in SRS custody, with a Special Health Care Need indicated on their most recent outpatient registration or clinical update who have been diverted from inpatient treatment (i.e., state hospitalization, acute psychiatric hospitalization or initial PRTF placement). A Special Health Care Need is SPMI, SED, dually diagnosed with a mental illness and a substance related disorder, dually diagnosed with a mental illness and a developmental disorder/mental retardation, have a mental illness, pregnant and using substances, and/or have a mental illness and using IV drugs. The KHS Care Coordination department follows up with all Members identified generally within one business day. KHS explains the diversion project to the member and asks if they would like to participate. If the Member/Parent/Guardian agrees to participate, KHS then asks the following questions:

1. Did they receive a Diversion Plan that they understand?

2. Do they believe the Diversion Plan is adequate?
3. Are they willing/able to follow through with the Diversion Plan?

(NOTE: If the Member/Parent/Guardian does not agree to participate KHS will attempt to obtain Information from the Member's provider(s) to determine if Care Coordination's involvement is necessary at the provider level.) The Care Coordinator's next steps will be dependent on the answers to the above questions. Within this project, Care Coordination will work with the Member/Parent/Guardian and the Member's provider(s) for a period of three to six weeks with the focus being to ensure the Member receives medically necessary services in a timely manner to help them remain in the community safely. Once the Member/Parent/Guardian and the Member's provider(s) believe the Member is stable and no longer at risk of inpatient treatment, Care Coordination's involvement concludes.

- KHS will collaborate with KU in developing a "scorecard" of key indicators for ongoing monitoring of mental health services to children in SRS custody. The proposal was amended to include only KHS and CFS in the development. We are currently in the process of designing and finalizing 6 quarterly reports which will measure provider performance in:
 - Time From Foster Care Entry to Earliest Mental Health Referral (mean days)
 - Time From Foster Care Entry to Earliest Mental Health Service (median days)
 - Time From Mental Health Intake to First Service (median days)
- Propose funding enhancements through Community Reinvestment Fund to facilitate creation of "SWOT/Wraparound/Rapid Response" Teams.

This proposal was blended into the pilot project that was to serve the children who experience multiple placement moves described above. However, Community Reinvestment Funds will not be used to fund this project.

Rural Mental Health Steering Committee

The Rural and Frontier Subcommittee of the Governor's Mental Health Services Planning Council (GMHSPC) is focused on addressing the rural service delivery issues within Kansas. Community Mental Health Centers, Child Welfare Case Management Providers, KU School of Social Welfare, SRS state and regional staff, hospitals, consumers and family members are a part of the Committee. It became evident early on that having a consistent definition of rural and frontier was an essential first step in addressing the unique issues of this population. The group has made significant advances in proposing a common continuum that includes Frontier through Urban population densities in the State of Kansas. They support the use of the continuum used by KDHE:

- Frontier: less than 6 people per square mile
- Rural: 6.0-19.9 people per square mile
- Densely-Settled Rural: 20.0-39.99 persons per square mile
- Semi-Urban: 40-149.9 persons per square mile
- Urban: 150+ persons per square mile

Looking at the western half of Kansas, 89% of the counties are rural or frontier. Only five counties are densely settled rural, and there are no semi-urban or urban counties. Because of the greater distance to

urban or semi-urban counties and the resources they provide, service delivery challenges are magnified. The subcommittee has worked with KU to gather data and feedback from the residents of these counties to understand the challenges, and promote awareness and address issues of accessibility and availability of services. The Rural and Frontier Subcommittee has developed a Rural and Frontier Competency Evaluation Tool. The subcommittee will continue the research needed to bring this to the GMHSPC for approval and use as a helpful tool in understanding and developing cultural competency in rural areas. A major initiative is to develop strategies to assist in the development of Evidence Based Practice's (EBP's) that have been demonstrated to be effective for rural and frontier populations; develop strategies to help providers increase level of and diversity of such services.

The Rural and Frontier Subcommittee supported KU in the acquisition of a United Methodist Health Ministry Fund grant to research EBP's in rural and frontier counties. The focus of this work is on tailoring or modifying an existing EBP solution for use in rural and frontier western Kansas.

	Square Miles	Average Number of Square Miles Covered by a Provider		
		Psychiatrists, Doctoral-Level Psychologists and Clinical Social Workers	Master's Level Psychologists, Master's Level Social Workers, Marriage and Family Therapists, Licensed Counselors	Bachelor's and Associate Level Social Workers, Registered Alcohol and Drug Abuse Counselors
Frontier	30,305	1,318	523	583
Rural	25,228	377	153	140
Densely-Settled Rural	15,009	92	34	42
Semi-Urban	8,175	28	13	19
Urban	3,098	2	1	3

Data Sources: MD counts obtained from Kansas State Board of Healing Arts, January 2009, all other provider counts obtained from Kansas Behavioral Science Regulatory Board, January 2009, land area data from U.S. Census Bureau of Statistics

For more information, please see <http://www.socwel.ku.edu/occ/viewProject.asp?ID=76>
Prepared by the University of Kansas School of Social Welfare

DISASTER PLANS

The primary objective of Children and Family Services' Child Welfare System Disaster Plan (Attachment 18 is to maintain the ability to know the location and situation of children and families receiving services from the state agency. CFS' plan is designed to work with child welfare providers, foster parents, other service providers and community partners to maintain support, communications and services. The plan is based upon the procedures established in the SRS Disaster Plan and the Adjutant General's, Division of Emergency Management's plan for natural and manmade disasters (Attachment 18A-C). CFS' Plan also utilizes the planning and best practices from the U.S. Department of Health and Human Services and other states regarding disaster planning.

The methodologies prescribed in the plan are to provide guidance to CFS Central Office, Regional Staff and those providing direct services to children and families. These methodologies are to ensure CFS:

- Maintains the capacity to communicate with the child, family and providers of services to Children in the Custody of the Secretary or receiving services from the agency who are displaced or affected by a disaster.
- Responds to new child welfare cases in those areas adversely affected by a disaster and is able to provide services to those cases.
- Has knowledge of pre-existing needs and needs created by the disaster in order to properly respond.
- Remains in communication with essential personnel and is able to preserve essential records. Maintains a progression of services according to the case plan.

CFS' Plan allows for continual operations in any category, type and geographical coverage of a disaster. Geographical coverage of a disaster can range from localized situations in which normal operations are maintained to a disaster affecting a large portion or the entire state. A disaster affecting a large portion or the entire state would disrupt operations by requiring relocation and evacuation for CFS operations, staff and all involved in the child welfare system as was the case with the Greensburg tornado.

In order to accomplish CFS' prime objective of maintaining knowledge of the location and situation for those receiving services, the plan is designed to enhance collaboration and coordination between SRS, CWCBS Providers, Community Partners, Stakeholders, federal and state agencies and local emergency planning agencies. Implementation requires that these organizations work together to develop flexible strategies. The Plan recognizes that service providers have direct contact and information regarding those receiving services.

The key to CFS' Child Welfare System Disaster Plan is for CFS to maintain information systems, regardless of whether or not operations are relocated, to identify all in services prior to the disaster AND to provide the communication link for child welfare providers, foster parents, service providers and community partners to receive current information on the welfare, services, needs and location of children and families. Changes to the Disaster Plan were not needed for the 2011 State Plan update.

MONTHLY CASEWORKER VISITS

Monthly child/worker visits are required per Kansas policy and are a part of the contracts with the Child Welfare Case Management Providers. Child/worker visits are required for in-home family service and family preservation cases in addition to out of home foster care cases. The relationship between the Case Management Provider and child is critical and ensures the child's continued safety at home or in out of home placement, ensures developmental needs are met, and the child is maintaining optimal connections with birth family, relatives/non related kin, foster family and the community. The Case Manager works with the child, birth and foster family on scheduling visits and interactions. The worker gives the child, on a developmental and age appropriate level, information as it affects the child's life.

Caseworkers provide the child, at every visit, a means of contacting them and listen to the child's perspective of how well visits and interactions are going and the child's assessment of how the goals of the case plan are being met. They observe the child's reactions to information presented, and assess safety or failure of the child to achieve developmental progress. From these visits, the Child Welfare Case Management Provider (CWCMP) determines when modifications to the case plan are warranted.

The Kansas Youth Advisory Council has developed a Monthly Individual Contact Tool to be used every time a visit occurs with a youth. It is a tool to facilitate and support communication with youth and the workers who have contact with them. Per Kansas Policy face to face worker/child contact must occur a

minimum of once a month. Such contact may be with the Case Management Provider case manager or a paraprofessional, who is part of the child's case planning team. A primary contact, Case Management Provider case manager or paraprofessional is designated on the visitation form. Plans for Worker/Child contact is made at the Family/Child Case plan meeting and documented on the Visitation Plan. Worker/child visits are also required for in-home and family services cases where services are provided by SRS staff.

Beginning July 1, 2007, the child welfare case management providers were required to report each out of home monthly caseworker visit through encounter codes. CFS originally created three new encounter codes that were entered in to SCRIPTS for every case. One to indicate the visit took place in the child's residence; one to indicate the visit was held elsewhere, and one to document visits to children placed outside of the state. With service dates 10/01/2008 and after, two codes have been used. One to indicate the visit took place in the child's residence and one to indicate the visit took place elsewhere. No distinction is made between in-state and out of state visits. They both have the same requirement for a monthly visit. The encounter codes are entered by the Child Welfare Case Management Provider responsible for management of the case, and each month the results are reviewed for trends and improvements.

Efforts to improve caseworker visit percentages and maintain the successes include:

- Supervisors reviewing calendars with case managers at the beginning of each month to ensure a worker/child in placement visit is scheduled
- An auto generated mid-month report from the MIS to directors, supervisors, and case managers indicating which visits have already occurred
- Supervisory oversight weekly on visits as they are being done
- Protected time prior to the monthly upload of information to allow case managers time to log their contacts
- All office reports of congratulations, including small incentives, for successes and noted improvements each month
- Corrective actions taken with staff who fail to meet the monthly worker/child visits and or timely documentation
- Monthly review of information uploaded with expectations that any noted errors (late log entries; inaccurate logging codes used) will be corrected within a short timeframe, as identified by the area director for re-submission to SRS
- Reconciliation efforts each month between the contractors MIS and SRS
- Individual staff or office recognition from senior management for successes or noted improvements
- Reductions in case manager caseloads
- Hiring of extra support staff.

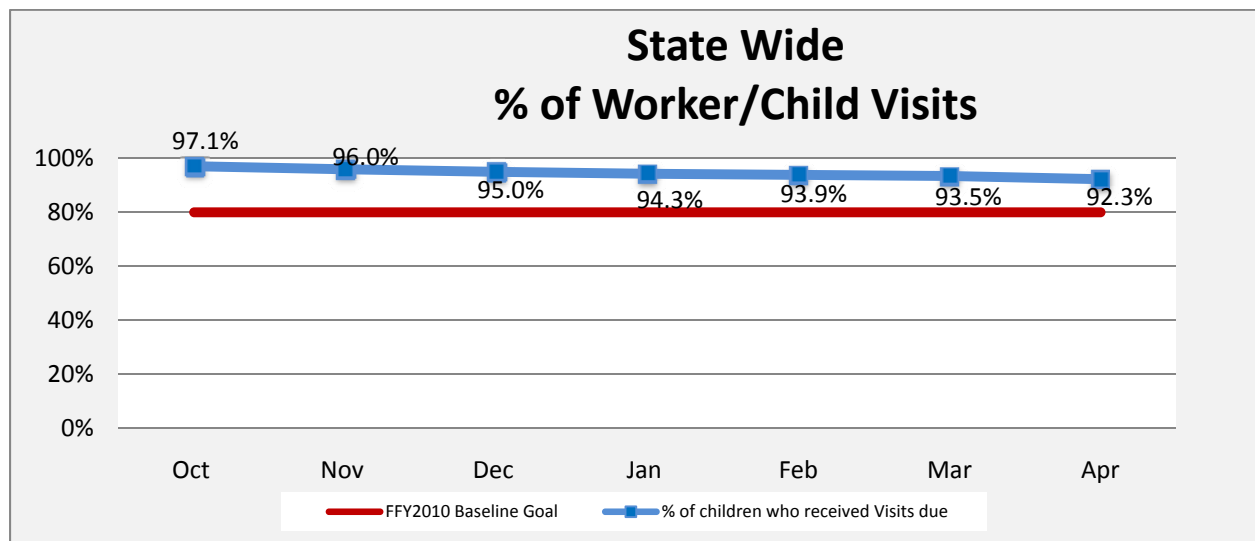
Strategies that continue to demonstrate effectiveness include:

- Office laptops available for check-out by staff, which allows them to complete logs at locations and times more convenient for their out-of-office time
- Assigned laptops for certain staff, also allowing more flexibility for timely log entry
- Supervisory support and oversight in planning monthly face-to-face visits for each month.
- Scheduling visits to occur within the first part of the month, thus allowing the last week for rescheduled meetings as needed

- Automatically-generated reports go to supervisors and directors on the 15th of each month, noting which worker/child visits have been logged thus far that month. This serves as a prompt for supervisors to gauge how staff are doing that month
- All-office reminders throughout the month of the importance of consistent visits and timely logging
- Office and personal rewards and incentives for high achievement or improvement in completing visits and entering logs in a timely way.

Two of the CWCMPs are working with the Children's Research Center to implement Structured Decision Making. A part of this model includes reviewing contact requirements with staff and providing tools to document both the frequency and the quality of the child/worker visits.

The improvement goals are to increase performance to 60% for FFY 2008, 70% for FFY 2009, 80% for FFY 2010, and 90% by October 1, FFY 2011.



THE CAPTA STATE GRANT

NAME, ADDRESS AND FAX NUMBER OF THE APPLICANT AGENCY:

**Kansas Department of Social and Rehabilitation Services
Children and Family Services
Docking State Office Building, 5-North
915 SW Harrison
Topeka, KS 66612-1570
Fax: 785-368-8159**

STATE LIAISON OFFICER:

**Jane Meschberger, Program Administrator
Protection and In Home Services
Children and Family Services
Kansas Department of Social & Rehabilitation Services**

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CONTACT PERSON COMPLETING APPLICATION:

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APPLICANT AGENCY'S EMPLOYER IDENTIFICATION NUMBER:
48-6029925

DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS):
175-937-804

(a) Accomplishments to date under the CAPTA portion of the current consolidated CFSP.

CAPTA continues to be a primary tool that is utilized within the agency for providing education and resources surrounding the prevention of child abuse and neglect. Each of the regions has utilized their allotment of CAPTA dollars in a variety of ways. Recent activities have included:

1. Regional office allocations

Regions primarily use allotments for travel expenses while attending state provided training. This includes lodging, per diem and mileage or car rental expenses. New social workers attend numerous training courses during the first year to eighteen months after employment. Experienced workers have on-going training opportunities.

Social Workers around the state attended statewide conferences related to child welfare including the 33rd Annual Governor's Conference for the Prevention of Child Abuse and Neglect, and a one day training hosted by Kansas Alliance for Drug Endangered Children. A number of CFS Social Workers attended "Finding Words" training with multi-disciplinary teams from their communities. Other conferences and trainings attended included, managing compassion fatigue, the Wichita State University Power Conference, the Attorney General's Crime Victims Conference, Muslim competency training, and special trainings brought to the regions. Registration and training travel expenses were covered as well as regional and local workshops or seminars.

The Kansas City Metro Region used part of their allocations to establish and purchase supplies for their Fatherhood Initiative. Three regions purchased photographic equipment to assist in assessments and investigations. Four regions used allocation funds to fund smaller birthing hospitals in their regions with PURPLE program DVDs and written pamphlet materials (shaken baby syndrome materials) for distribution to new parents prior to their dismissal from the hospital.

2. The Period of PURPLE Crying®

The Period of PURPLE Crying® is an evidence-based shaken baby syndrome prevention program currently being implemented statewide in Kansas. The program was introduced at a CAPTA sponsored statewide conference in 2007 and subsequently implemented in four hospitals in Southeast Kansas through funding from that region's SRS office. After this pilot proved successful, the program expanded the following year (2009) with CAPTA funds to purchase materials including a 10 minute DVD and 11 page booklet to every live birth in the three major metropolitan areas in the state. In addition the agency that received this CAPTA award later received a CAPTA, Title II award to fund a PURPLE staff position and provide training. The program is currently implemented in 29 birthing facilities and working toward implementation in an additional 26 birthing facilities, representing 93% or 39,000 of the 42,000 annual live births in the state. The second phase of the program, which includes information dissemination and message reinforcement through community partners, has been implemented leveraging additional private and public dollars statewide through county health department and early home visitation program staff trained on the program in at least 93 Kansas counties. The third dose of the program, a public awareness campaign, has been implemented in the Wichita area through radio spots and poster displays and is anticipated to expand to other communities in the coming months. With this funding, the PURPLE program will be able to continue its growth statewide in quick response to address the growing need for this service in Kansas.

3. Parents Helping Parents (Circle of Parents®) Support Groups:

The Parents Helping Parents (Circle of Parents®) support group model follows the principles of the five protective factors in the prevention of child abuse and neglect and operates from a mutual self-help perspective. The support group model offers group members the opportunity of a solid concrete support system and social connections. The groups also provide valuable information on child and youth development, the importance of nurturing and attachments for the health and well-being of children and provide parents the support to become resilient when facing life's challenging situations. The support groups are facilitated by Parent Leaders and the support groups are parent driven with group members making decisions on many facets of the support group operations. The Parents Helping Parents program is statewide and offers focus support groups for kinship, parents of children with special needs, fathers and mothers addicted to drugs and alcohol, and Hispanic families. The support groups are free of charge, anonymous and confidential.

During 2010, the KCSL Parents Helping Parents program is participating in a national research evaluation study utilizing the "Protective Factors" survey created by Kansas University. The research evaluation is being conducted by National Circle of Parents. The program manager for the PHP program is a member of The National "Parent Leadership Ambassador Training (PLAT)." KCSL promotes parent leadership through Parent Leadership Cafes, The Parent Leadership Advisory Council, as well as Circle of Parents, FRIENDS, and PLAT.

4. Families Together, Inc.

Families of children with disabilities are under greater stress than families of typically developing children; and children with disabilities are more likely to be victims of abuse and neglect. Therefore, grant services provide support, training, and connections to other families in order to reduce the stress and give proactive ways for families to gain the support they need in schools and communities to provide care for their children with disabilities and other members of the family. The collaboration with Families Together has provided a way for families to talk about the issues specific to raising a child/youth with disabilities with other families facing similar challenges. This lessens the isolation that families feel and gives them the tools they need to become effective advocates for their children in the education, medical and social services systems.

In SFY 10, 560 individuals in 157 family units were served via the Parent Networking Conferences and Family Enrichment Weekends, parents gained information through the Parent Assistance Program, and parents/professionals were served through outreach activities that addressed the needs of families who have children with disabilities. Individuals supported with CAPTA funds totaled 155.

Families Together, Inc. is in the final stages of developing an on-line training primarily for social work staff to gain a general understanding of children with disabilities and identify risk factors that make children with disabilities vulnerable to abuse and neglect. The program will identify prevention strategies for these children and outline resources and supports parents can access statewide, locally and in their communities.

Current CAPTA funds spent from the FFY 2008 grant as of 5/11/2010 are \$227,521.76 with the remainder of the granted funds encumbered for current projects.

Members associated with two workgroups have used this funding for reimbursement. The Protection Report Center workgroup has been chartered to provide uniformity on decisions related to reports of alleged abuse and neglect. The workgroup met on a regular basis and discussed policy and procedure related to receiving reports and Initial Assessment decisions. Since the consolidation of the Kansas Protection Report Center in November 2009, this group is no longer active. The goals of this group are now achieved by regular meetings with the four KPRC supervisors, the Program Manager and the two Program Administrators. The Intake and Assessment Workgroup focuses on all Intake and Assessment policy, procedure, and practice. This workgroup provides feedback regarding how policy and procedures meet the realities of practice and the impact on families.

(b) CAPTA State Plan for 2010 to 2014

The comprehensive Child Abuse Prevention and Treatment Act State Plan develops a five-year plan for improvement of the CPS system and consolidate this Plan with the CFSP. Accordingly the CAPTA plan includes the following information:

1. The program areas selected for improvement from the 14 areas delineated in section 106(a)(1) through (14) of CAPTA are areas (1), (4) and (7).

Area (1) the intake, assessment, and investigation of reports of abuse and neglect;

Outcome (1): The intake, assessment, and investigation of reports of abuse/neglect will be practiced in an increasingly consistent manner across the state.

Area (4) enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols; and

Outcome (4): The child protective system will be enhanced with the implementation of a revised risk and safety assessment tool and protocol including a possible certification process for social workers and social work supervisors.

Area (7) improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.

Outcome (7): The skills of individuals providing services to children and families in the child protection system will be enhanced through research-based, skill building training in available and accessible formats.

2. In addition to the outline of activities described in a. above, the following summarizes the activities included in the previous state plan and the differences in prior and current intended plan activities.

In the current CAPTA State Plan from 2010 to 2014, the primary area selected for improvement is Area (1). The State is concentrating on improving statewide systems and increasing the consistency of statewide intakes, assessments, screenings and investigations of reports. Project updates for the current reporting year are described below.

- PRC Database and maintenance: During the year Children and Family Services worked with computer applications contractor Harmony to program and install an enhanced intake system so that intake workers are guided through the interview process with reported information pre-filled into other forms as needed. The electronic process allows movement on to assessment social workers in a more consistent work process. All information is recorded on the same forms, in the same locations. Client information regarding intakes since implementation is easily accessed. The electronic database has decreased errors and oversights, and organized report information. Also, it allows the process, from receiving a report to assignment of a social worker to be more efficient and accessible at any point in the process by CFS staff. The database was implemented in March, 2010.
- Safety, Risk and CINC:NAN assessments: The development of the new safety assessment protocol was initiated in response to a Program Improvement Plan strategy to assure identification of families who may need additional services to avoid repeat maltreatment. In consultation with the National Resource Center for Child Protective Services (NRCCPS), a review of the current risk/safety assessments determined the tools had the essential content recommended to determine service decisions, including extent of child maltreatment, circumstances surrounding the child maltreatment, child's functioning, discipline approaches and typical context used by care giver, parenting practices and care giver functioning. As a result of the

review, some procedures were identified which could enhance gathering safety information beginning at intake and standardizing the information gathered for assessments. Beginning with the receipt of a report at intake, SRS has revised procedures and forms into the new safety and risk assessment protocol.

At the request of Children and Family Services, the University of Kansas School of Social Work issued a report dated February 2010 comparing the Kansas risk assessment tools with 10 national risk assessment used in child welfare agencies in a “multi-faceted critique of the current state of risk assessment”. The report culminated with recommendations as follows: continued use of multiple assessments; revision and further validation of risk assessment; use the same instrument for abuse/neglect and non-abuse/neglect assessments; on-going support of assessment with training, supervision, and quality assurance.

- **Law Enforcement Training—Statewide:** In support of the Program Improvement Plan, regional trainings for law enforcement were held this year as well as a seminar at the Governor’s Conference. Attending were Sheriffs, Assistant District Attorneys, Uniformed Police Officers, and professional staff of these organizations. Training explained processes and policies used for intake, assessment and investigation with particular emphasis on child safety practices.
- **Supervisor’s Training—Statewide:** A formal supervisor conference is held each year where CFS supervisors gather for two days to update information on new projects in CFS special emphasis areas such as regional reduction of out-of-home placement percents, implementation of new policies, and communications from ACF. Supervisory and leadership skills are taught from review of basic skills to building high performance work groups and employee commitment during organizational change. Updates on PIP, CFSR, audits, case reads and program statistics are also reviewed and discussed. In addition to the supervisor conferences, regular courses in supervision, facilitation , legal and human resource courses for supervisors and manager are at the SRS Learning Center
- **Improving working partnership with local Domestic Violence Programs:** CFS dedicates a Domestic Violence Specialist social worker who is part of the Child Welfare Team at the Kansas Coalition Against Sexual and Domestic Violence (KCSDV). This employee works with KCSDV employees to develop training and deliver programs for child welfare professionals and domestic violence and sexual assault advocates on the co-occurrence of child maltreatment, sexual and domestic violence and stalking. In addition to trainings throughout Kansas to enhance the coordination between Regional SRS social workers and local domestic violence advocates, training presentations are delivered at conferences and seminars throughout the state. Their latest project was a noon-hour webinar of six sessions, titled “Safe and Together” that also offered CEUs for social worker license renewals. KCSDV provides the leadership of the Child Welfare Team and supplies with monthly activity summaries.
- **Incorporating policies and procedures for pregnant women using substances:** From 2006-2009, CFS conducted a pilot project for services and rewards to pregnant women using substances. The pilot grew from one location to four communities. The three expanded locations were provided services through contracts to local substance abuse programs. In the most recent contract renewals the RFP included services for pregnant women statewide in the Family Preservation request. For SFY 2010, policies and procedures for referrals to this service were approved and became a part of the CFS Policy and Procedure Manual (PPM).

- Developing and/or updating training for new CPS activities: For new CPS employees developing and updating training for CPS activities focus on critical tasks and skills needed in order to take on a caseload assignment. For experienced employees, training focuses on skill building in assessment, interviewing, client engagement, case planning and critical thinking. Trainings are updated as law, regulations, policies and procedures change. This occurs at least twice per year when the Policy and Procedures manual is updated. New trainings are developed for substantial changes in laws and regulations or for major CPS system updates and redevelopments.

The following courses are training courses for the Protection Report Center that are updated. Training was developed this year for the implementation on the new Intake Database System.

a. “The Critical Link: Decision Making Skills for Protection Report Center Social Workers” is a course focusing on the use of critical thinking skills in the Initial Assessment decisions. This course is designed for Protection Report Center social workers. It is presented as needed for new Protection Report Center social workers and as a refresher for existing social work staff.

b. “When You’re the Link: Skills for Gathering Report Information” provides training for any SRS employee who are not in a Protection Report Center but may occasionally receive reports of abuse and neglect.

c. “The Intake Link: Advanced Skills for Stronger Protection Connections” is delivered to Protection Report Center intake worker who regularly receive report of child abuse and neglect. This course is provided to all new Protection Report Center intake workers and a refresher for existing Protection Report Center staff.

d. The online “All About CFS Intakes” course is updated to reflect changes in policy and is required as pre-service for PRC staff and within 90 days for other CFS staff. This on-line course must now be completed annually for Protection Report Center staff.

- Coordinate and partner with statewide advisory committees including: Protection Report Center Workgroup, Intake and Assessment Workgroup; Child Safety and Permanency Review Panel and the State Child Death Review Panel. CFS is actively involved in activities of the Child Safety and Permanency Review Panel (CSPRP). The CFS Child Protective Services Program Administrator is a member of the Panel. CFS also provides administrative support for meeting coordination, grant administration, and budget and annual report preparation. The CFS Assistant Director of Child Welfare Programs is a member of The State Child Death Review Board and has represented the Board at joint meetings and trainings with other Citizen Review Panels. The Executive Director of the SCDRB also attends these joint events. The SCDRB is partially supported by a grant from CJA funds managed by the CSPRP. Due to consolidation of the Regional Protection Report Centers into two Statewide Centers, the Protection Report Center Workgroup has been replaced by discussion at monthly PRC Processes meetings in Topeka and Wichita. The Intake and Assessment Workgroup has been very involved with CFS this last year. With the development and implementation of the new PRC database, there have been meetings to show the flow and operation of the database program. In addition, the Intake and Assessment Workgroup has been consulted in development, streamlining and implementation of the intake assessment tool. Currently

work is progressing on the Initial Assessment Decision and the workgroup functions as a link between policy development and practice by social workers with this project. In addition to field staff being involved in the Intake and Assessment Workgroup, the Intake and Assessment Program Manager from Central Office is a regular participant in the workgroup. Other Central Office personnel participate in the workgroup when their subject expertise is needed by the group.

Another primary area selected for improvement is Area (4). During the CAPTA State Plan years 2010 through 2014, Kansas will enhance the child protective system with the implementation of a revised risk and safety assessment tools and protocols with assistance of a consultant from the National Resource Center. The vision of Children & Family Services is the establishment of a certification process for social workers and social work supervisors to assure professionals understand the principles of risk and safety evaluation and are thoroughly knowledgeable about the use and meanings of the assessment tool. During the past CAPTA State Plan social workers and social work supervisors attended training to increase knowledge for intake and assessment and for decision making and report gathering skills. The current State Plan moves to a more technical and practical way of recording the skills developed in prior years. Projects to be planned and implemented in Area (4) include:

- Safety, Risk and CINC:NAN assessments; During the reporting year, work has progressed on the Intake and Assessment link series and on the Safety Intervention System.
- Improving working partnership with local Domestic Violence Programs;
- Incorporating policies and procedures for pregnant women using substances; and
- Developing and/or updating training for new CPS activities.

Area (7) is the third area of primary improvement selected from the list of 14 areas listed in Section 106(a) of CAPTA. Area (7) is a carryover from the prior CAPTA State Plan years. In the years 2010 through 2014, the skills of individuals providing services to children and families in the child protection system will be enhanced through research-based, skill building training, in available and accessible formats. Training curriculum is moving from a communication and family centered philosophy approach under the prior State Plan to a more evidence-based technical approach under the 2010-2014 CAPTA State Plan.

Training projects and activities for the 2010-2014 CAPTA State Plan in Area (7) include:

- PRC database and maintenance;
- Safety, Risk and CINC:NAN assessments;
- Governor's Conference on the Prevention of Child Abuse & Neglect;
- Supervisory Training;
- Domestic Violence;
- Pregnant women using substances; the spring of 2009, there were seven trainings across the state to educate SRS and Child Welfare Community Based Service Provider staff about the contract changes. One of the specific topics discussed was the addition of the pregnant women using substances population to the family preservation contracts as well as the policies which were being added to the SRS Policy and Procedure Manual effective July

2009. This training also focused on engagement techniques which may be effective with this population. Engagement included acknowledgement for SRS social workers that SRS has no statutory authority over this population, so joining them as an equal is a good starting place. The six stages of change were also discussed.

- In addition to the Contract Transition trainings, CFS also contracted with KU and Dr. Jody Brook to provide six trainings across the state on Pregnant Women Using Substances. Dr. Brook educated SRS and Child Welfare Community Based Service Provider staff about the research regarding the effects of various substances on unborn babies. Dr. Brook also educated participants about treatment options available for women. Participants also learned about the cost effectiveness of treatment versus incarceration for adults and foster care for children. Engagement strategies were also discussed during these training sessions.
 - Consistent pre-service across provider organizations;
 - Child Safety and Permanency Review Panel; During the reporting year, training from the National Resource Center was provided to Panel members to assist in developing and running a more engaged Panel for both Citizens Review Panel and for the Children's Justice Act Task Force. This meeting was followed two months later with training for developing a strategic plan. Other training was brought to the group from participation in local, state and national conferences where participants shared their experiences and knowledge gained with other Panel members; and
 - Developing and/or updating training for new Child Welfare activities. Motivational Interviewing (MI) training was offered in six locations this year. This was the first time this training had been offered in Kansas. The training was provided through a contract with a MI certified trainer.
- Kansas is investigating worker safety training. One type of training is approved and will be offered as soon as contractual arrangements are finalized. The Zenner Foundation will conduct three classes annually in different locations around the state. This will be a multi-year contract. The whole agency is looking into purchasing rights to an on-line course for worker safety. Discussion among agency leaders is still underway, but Children and Family Services Division is enthusiastic and hopeful about the program's acquisition. The Intake Link training has been updated for new software implemented this year.

The following classes are offered on a regular basis:

- a. A training module, **"Family Centered Case Management"**, was developed in partnership with KU and was scheduled in all regions of the State. This training will continue to be scheduled in the upcoming fiscal year.
- b. **"Skills of Family Centered Practice"**, a 2-day skills-based course, focusing on supporting the use of engagement skills when working with families, was delivered to SRS Social Work Specialists, Special Investigators, and CFS Supervisors.
- c. **"Interviewing Skills"** training for all social workers and their supervisors was implemented in 2007 and continues into 2010. Actors have been trained and paid to role play as children as social workers practice the interview

protocol/skills they are learning. The curriculum was given to Kansas SRS Children and Family Services by the Butler Institute.

d. **“Welcome to Child Welfare in Kansas Today”** and **“Investigation and Assessment/KIDS”** training was presented for all social workers, special investigators and supervisors. These courses are required of all new social workers prior to having a caseload.

e. The **“Supervision in Child Welfare”** series (a 7.5 - day’s course) was presented. Topics included were foundations in supervision, performance improvement, promoting effective practice, achieving team results, and creating a positive work environment.

3. In addition to the training which was described above for Area (7) training, continuing training will occur as described in the services and training to be provided under the State Grant as required by Section 106(b)(2)(c) of CAPTA which includes:

- the services to be provided under the grant to individuals, families, or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect;

The Period of Purple Crying education program for new parents

Parents Helping Parents Support Groups (Circle of Parents)

Family Enrichment Week-ends, support for parents of child with disabilities

- the training to be provided under the grant to support direct line and supervisory personnel in report taking, initial assessment, decision making, and referral for investigating suspected instances of child abuse and neglect:

Annual Supervisor Conference (2 days)

Safe and Together Domestic Violence Training

New Employees 12-18 months intensive training focusing on critical tasks and skills needed

On-going training for experienced employees focusing on skill building in assessment, interviewing, client engagement, case planning and critical thinking

Protection Report Center Training developed for new intake database system:

Critical thinking skills in initial assessment decisions

Skills for gathering report information

Advanced skills for gathering report information

“All About CFS Intakes” contains policy updates required annually for PRC staff

- the training to be provided under the grant for individuals who are required to report suspected cases of child abuse and neglect.

A booklet entitled **“A Guide to Reporting Child Abuse and Neglect in Kansas”** is used to provide information for anyone who reports suspected abuse and neglect including mandated reporters. A workgroup is revising and updating the booklet in 2010. CAPTA funds are provided to Kansas Children’s Service League to print the booklet. The booklet is available in the Kansas Children’s Service League Community Resource Library. This material is also available in a printable version on the CFS website. This booklet is made available at

professional conferences around the state involving mandated reporters and distributed by Child Welfare professionals when making presentations regarding abuse and neglect. Kansas Department of Health Environment distributes this booklet to licensed foster families statewide as a part of the implementation for new foster home regulations in Kansas.

The on-line mandated reporter training courses through Kansas Children's Service League continues to be available.

A presentation was made by CFS program staff at the annual Governor's Conference for the Prevention of Child Abuse & Neglect in the Fall 2009. The presentation addressed the important elements of making a report and the process following a report being made.

(c) An update of activities that the State intends to implement with its CAPTA State grant funds and any changes in activities for FY 2009. Travel expenses now include expenses for trainers and participants to attend trainings and conferences. Travel expenses include transportation, lodging and per diem expenses. Previously these expenses had been recorded in the conferences and training categories.

The Kansas Protection Report Center has updated to an electronic initial assessment system. The new system enables statewide consistency, provides for ease in completing electronic forms and eliminates duplicate data entry in the current system. The new system will also provide management reports to identify training opportunities for individuals and regions. In November 2009 Kansas Protection Report Center centralized into two locations, Wichita and Topeka. In March 2010 The KPRC went live with the new electronic initial assessment system.

CAPTA funding has been expended in the following manner for the award from FFY 2006:

Activity	Amount of funds
Public awareness	9,146.00
Statewide Conference (2007)	34,157.00
Prevention, Advocacy, and Community Support	144,818.00
Travel, Lodging, PD to Conferences and Trainings	63,018.00
Training	33,626.00
TOTAL	284,765.00

To date, CAPTA funding has been expended in the following manner for the award from FFY 2007:

Activity	Amount of funds
Public awareness	12,769.00
Statewide Conference	21,517.00
Prevention, Advocacy, and Community Support	130,948.00
Travel, Lodging, PD to Conferences and Trainings	72,055.00
Protection Report Center Data System	20,142.00
Training	10,624.00
TOTAL	268,055.00

CAPTA funding has been expended in the following manner for the award from FFY 2008:

Activity	Amount of funds
Public awareness	15,334.00
Statewide Conference	17,650.00
Prevention, Advocacy, and Community Support	59,646.00
Travel, Lodging, PD to Conferences and Trainings	31,462000.00
Protection Report Center Data System	133,133.00
Training	12,862.00
TOTAL	274,907.00

CAPTA funding has been allocated in the following manner for the award from FFY 2009:

Activity	Amount of funds
Public awareness	20,000.00
Statewide Conference	20,000.00
Prevention, Advocacy, and Community Support	100,178.00
Travel, Lodging, PD to Conferences and Trainings	50,000.00
Protection Report Center Data System	55,000.00
Training	25,000.00
TOTAL	270,178.00

CAPTA funding is being proposed to be allocated in the following manner for the award from FFY 2010:

Activity	Amount of funds
Public awareness	20,000.00
Statewide Conference	20,000.00
Prevention, Advocacy, and Community Support	100,178.00
Travel, Lodging, PD to Conferences and Trainings	50,000.00
Training	55,000.00
TOTAL	270,178.00

Amount spent in FFY 2209 grant at 6/7/10 is \$8088.00; \$4500.00 on data base and \$3588.00 for travel, lodging and per diem.

The six management areas of SRS are allocated approximately \$20,000 each for child abuse efforts which support the CAPTA focus areas.

(d) A description of the services and training to be provided under the CAPTA State grant as required by section 106(b)(2)(C) of CAPTA.

See #3 on page76.

See attached assurance form signed by Governor Mark Parkinson entitled "State Chief Executive Officer's Assurance Statement for The Child Abuse and Neglect State Plan"

See attached CFS-101, Part I requesting FY 2010 funding and CFS-101, Part II estimating expenditures.

(e) Notification regarding substantive changes, if any, in State law that could affect eligibility, including an explanation from the State Attorney General as to why the change would, or would not, affect eligibility (section 106(b)(1)(B)). Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility.

There have been no substantive changes in State law that could affect eligibility. See the previous discussion of changes to The Code for the Care of Children.

(f) Submit a copy of the annual report(s) from the citizen review panels, and a copy of the State agency's most recent response(s) to the panels and State and local child protective services agencies, as required by section 106(c)(6) of CAPTA.

The ASPR Annual Final Report contains Annual Reports from the State of Kansas' Citizen Review Panels:

- The Child Safety and Permanency Review Panel (CSPRP) and Response – Included in CJA report, Attachment 21
- State Child Death Review Board of Kansas (SCDRB) and Response – Attachment 19A and B
- Kansas Child Welfare Quality Improvement Council (KCWQIC) – Attachment 20A and B.

In reference to the following three requirements of CAPTA, the Kansas Department of Social and Rehabilitation Services (SRS), Children and Family Services (CFS) has developed a process for the requirements with each of the above-mentioned Citizen Review Panels. A brief summary follows on the status of each of the three requirements.

1) Requirement of each panel to provide for public outreach and comments in order to assess the impact of current policies, procedures, and practices upon children and families in the community.

Each panel member has roles they fulfill outside of their commitment as a member of one of our State's Citizen Review Panels. Each member has been requested to inform the designated agency staff person on all public speaking and discussions with the public in reference to all aspects of our State's child welfare system. Each member will provide a summary of the discussion that occurred, including any questions that were asked to CFS.

- All panel members have been invited to policy venues, policy development workgroups, and public forums that CFS has held for feedback and input.
- Panel members are also requested to participate in stakeholder meetings that will be held by our Child Welfare Community Based Service providers at least twice a year.

2) Requirement of panel to make recommendations to the State and public on improving the child protective services system and the State and local levels.

- CFS policy and procedure is formally reviewed and revised twice yearly. Draft policies and procedures are presented to panel members at their regularly scheduled meetings and their feedback given to the CFS Policy Workgroup for discussion and consideration of inclusion into the formal policy and procedure manual.

- In 2009 the Child Safety and Permanency Review Panel was asked to serve as the Governor's Independent Review Board to review SRS's Child Protective Services (CPS) policies and procedures on an on-going basis and report annually to the Governor and the Legislature. The Panel is to operate on an on-going process and structure to provide continuity to ensure that the child protective services system properly responds to child abuse and neglect, not only now but in years to come.

3) Requirement of the State agency to respond to the panel's recommendations no later than six months after the panel's recommendations are submitted.

- CFS has developed a system in which recommendations are submitted to the CFS Management Team who then reviews the recommendations and provides a written response which will be forwarded to the appropriate Panel. This approach allows for a timely response to the panel and a formal submission of recommendations.

(g) A description of the requirement for criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (section 106(b)(2)(A)(xxii)).

This requirement is currently in place: K.S.A. 65-516.

The Children's Justice Act Report is Attachment 21.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

Children and Family Services (CFS) is part of the Integrated Service Delivery Division of Social and Rehabilitation Services and is responsible for administering the State's child welfare programs including the John H. Chafee Foster Care Independence Program according to federal statutes and requirements. Services are provided directly by the division or through community partnerships with an overarching emphasis on securing a safe, permanent and self-sufficient environment for youth who are in the custody of the Secretary. As an agency that places heavy emphasis on data and program evaluation, CFS will participate in national program evaluations of its effectiveness in achieving the purposes of the Chafee Program.

Accomplishments achieved in FY 2010 and planned activities for FY 2011 for each of the five purpose areas:

1. Assist youth to transition from dependency to self-sufficiency;

The Kansas Chafee Foster Care Independence Program continues to assure provision of life skills and transition services to all youth in out of home placement starting at age 15. All youth in out of home placement must have a case plan and receive services which assist in the development of life skills and transition services or self-sufficiency. The need for both formal and informal skills and training opportunities related to developing life skills and independent living skills are to be determined and provided to all youth over 15 in out of home care regardless of the youth's permanency goal. Youth participate and identify tasks in the development of a Learning Plan, upon completion of the ACLSA, which is included in the overall case plan.

For youth in out of home care, Child Welfare Case Management Providers (CWCMP), including foster parents, are responsible for teaching or arranging information to be provided to youth regarding all aspects of life skills. As youth complete the Ansell-Casey Life Skills Assessment, they will identify life skill domains on which to work. The Ansell-Casey Life Skills domains are as follows:

- Communication
- Daily Living
- Home Life
- Self Care
- Work and Study Skills
- Social Relationships
- Housing and Money Management
- Career Planning
- Work Life

Life skills are provided to all youth in out of home placement. Kansas mandates the use of the ACLSA by all children/youth age 8 and over in out of home placement, regardless of permanency goal.

Information from stakeholders, including foster parents and staff, prompted technical assistance from the National Resource Center for Youth Development to work with Kansas foster parents and child welfare staff to develop training to provide life skills to youth in care. In support of the goals and objectives of the Chafee Foster Care Independence Program, during FY 2010, a TOT is being provided to foster parents and staff who will be trained to deliver life skills training to youth on a statewide basis. Youth are involved in the training, whenever possible.

SRS, JJA, and our CWCM Providers will continue to work together to help youth prepare for self-sufficiency prior to youth turning 18 or released from custody. All youth in out of home placement beginning at the age of 16, develop a transition plan with the provider, SRS Independent Living Coordinator or designee to begin preparation for release of custody and self sufficiency. This provides an opportunity for the youth to build a relationship with the SRS worker to help ensure a smooth transition from CWCM Provider to SRS for the youth upon release of custody. In addition, preparation for possible post secondary educational services, housing and extended medical coverage are seamless for the youth. Prior to a youth being released from custody case plans on all youth shall have tasks identified to meet the following identified goals for self sufficiency:

- locating a stable and safe place to live
- the successful completion of life skills tasks
- the completion of academic or other specific educational training appropriate for the youth and copies of educational records
- received information and/or training on postponing parenthood, including information on abstinence
- received information regarding available medical and mental health services and have in their possession copies of their health records
- instruction on the use of prescribed medication
- locating a social support person/mentor (at least one adult in the community other than the caseworker whom they can go to for support).

Youth released from custody and no longer served through aftercare by the providers may request Independent Living services from any SRS office statewide. In addition, eligible youth may receive additional services for room and board as well as assistance for post secondary education or training programs. Eligible youth may receive additional services which have been identified as needs by the youth in order to become self-sufficient. All youth regardless of age who receive Self-Sufficiency services are also required to have a Self-Sufficiency Case Plan, and participate in case plan reviews held every six months at a minimum.

All youth currently in out of home care are informed of program eligibility and resources by providers, JJA, Tribal and SRS staff at case planning conferences beginning at the age of 16. Prior to release of custody youth are provided a laminated card which has a brief description of services available to them. SRS website information and the CFS central office phone number are included on the card for youth to help locate Independent Living coordinators in their areas. Eligible youth are assisted with completing the application for the extended medical card. Youth are informed they are able to return to SRS at any time for services prior to their twenty-first birthday. Youth are encouraged to work with the staff in their region, but are also encouraged to call the State Independent Living Program Manager directly. After release of custody, youth can choose which region their case will be located, based on their need for access to their IL Coordinator and services.

The statewide Kansas State Youth Advisory Council (KYAC) consists of representatives from each of the five Regional Youth Advisory Councils (RYACs) that exist throughout the state. The KYAC hosted a two-day summer youth conference in July of 2009 for all youth in care from across the state including JJA and the tribes. The conference theme was "My Choice, My Life," with former foster youth presenting one of the keynote addresses, a panel, and several of the workshops. The KYAC will again plan and hold a two-day summer conference in July of 2010 for all youth in care statewide. This year's theme will be based upon the Kansas state motto: "To the Stars with Difficulty." The summer conference will be organized around the five areas KYAC has identified for its work plan for 2010: education, finances, employment, community resources, and housing. Resource tables will be available to offer information about employment, training, housing and abstinence. Each Regional Council is responsible for planning and hosting a mini regional conference in their region. Five regional conferences were held during FY 2009. Three regional conferences have been held during SFY 2010, and events for the other two of the five regions are being planned to occur by the end of May, 2010. At the regional and statewide conferences youth are oriented to the new worker monthly contact form.

SRS has partnered with the University of Kansas to provide youth the opportunity to take a survey about drug and alcohol issues as they relate to lifestyle. Youth have been given the opportunity to tell their stories about how drug and alcohol has affected their lives, and have their story included anonymously in the Kansas Independence website <http://www.kansasindependence.org/> which has been created through collaboration of the Kansas Methamphetamine Prevention Project with the University of Kansas. The website is funded by the Kansas Serves Substance Affected Families grant. The KYAC has provided feedback about the format and content of the Kansas Independence website. The website has become the clearinghouse for independent living services and resources for youth in Kansas.

The KYAC has been very active in presentations to various groups concerning their KYAC Work Plan and issues youth face in care. In 2009, six members of the KYAC presented at the Governor's Conference for the Prevention of Child Abuse and Neglect in October, and twelve youth worked with Andrea Khoury from the National Resource Center on Legal and Judicial Issues to present their experiences about foster care at each of the four Court Improvement Trainings held throughout the state during 2009. Each presentation helps the youth make a difference in the way child welfare is provided in Kansas. Youth

offer suggestions and share insight about the steps they are taking to help address challenges they face in the child welfare system.

During March 2010, KYAC presented at a number of events. Three young adults testified about their experiences in foster care before the Joint Committee on Children's Issues. Four youth presented a session at the Kansas Association of Counsel for Children Conference at Washburn University Law School. The President of KYAC gave a presentation to the judges, doctors, social workers, and treatment professionals at a Kansas Meth Prevention Project Conference. She was also featured in the Project's newsletter.

The KYAC held a Strategic Planning Conference in January of 2009 and in 2010 for all state youth advisory council representatives. Youth completed a KYAC Work Plan that addresses the most important challenges they face in child welfare. The representatives also identified necessary steps they can take to help resolve or address these challenges. They presented their plan to the Secretary of the agency, and the Director and Deputy Director of Children and Family Services. The 2010 KYAC Work Plan is attachment 22.

During 2009, with the assistance of the National Child Welfare Resource Center on Youth Development, the Council developed a tool for youth to use to facilitate and improve interaction during visits with their worker. Use of the tool by youth is voluntary and it can be used with foster parents, family resource workers, and SRS IL workers. Youth provided training to workers across the state during March and April. Council members have introduced the tool to youth in foster care through the Regional Youth Councils as they meet throughout the year. SRS monitors use of the tool through case reads, to determine whether worker visits have been affected by use of the tool.

The Contract Transition Training in March and April of 2009 included collaboration with staff from Disability and Behavioral Supports, who presented information on the different Home and Community Base Service waivers. Eligibility, referral sources, and services available were shared with SRS Regional offices and Child Welfare Case Management Providers. Collaboration on specific cases occurs on an as needed basis. Plans for 2011 will involve some special Regional projects to assist young adults who are transitioning to adult group homes to assure their needs are met so that they do not need to remain in the custody of the Secretary of SRS. Obtaining guardians through the Kansas Guardianship Program (KGP) has been identified as a concern. Meetings occurred with Adult Protective Services and KGP to address streamlining the procedure to procure guardians. The Child Welfare Case Management Providers are also working hard to identify guardians for young adults, and these efforts will continue.

CFS also conducted Transition Plan Roundtables in July and August of 2009. Participants included SRS staff, Child Welfare Case Management Provider staff, and representatives from Community Mental Health Centers, Community Developmental Disability Organizations, Vocational Rehabilitation, the Disability Rights organization, Transitional Living Programs, and others. Discussions focused on assuring that young adults are prepared to leave care at age 18, and many concerns were raised regarding young adults with disabilities. CFS collaborated with the Disability Rights Organization, SRS quality assurance staff for HCBS waivers, and Adult Protective Service staff to adjust policies and procedures to meet the needs of this population.

The Kansas Youth Advisory Council identified transition planning as a priority in SFY 2010. Regional Youth Councils will develop a transition guide directed to youth. It will incorporate the resources available through the Kansas Independence website. Training to further prepare youth for transitioning to self-sufficiency was identified as the other item in the work plan. The statewide summer youth

conference is being organized to provide opportunities for the specific areas chosen by KYAC for training.

The KYAC adopted the “Band Together” campaign from Foster Club. Blue wrist bands were provided that are imprinted with “Support Youth in Care.” Bands were provided to supervisors and staff. Additional bands were provided to all CWCN Providers and SRS staff to show support of youth in care. The Kansas “Band Together” campaign collaborated with National Foster Care Month in May.

Independent Living Coordinators for the Child Welfare Case Management Providers, SRS, Native American tribes, and JJA held Independent Living Coordinators meetings quarterly during the period in review. These meetings help process how programs and policies are working in the field and make changes as necessary in order to best serve the youth.

All youth under tribal jurisdiction are eligible for services and supports through Chafee on the same basis as other youth. Comprehensive Social Service Grants including Independent Living services and funding for post secondary education are provided to all four tribes to provide child welfare services to tribal youth in their jurisdiction. Regular contact with Tribal staff is conducted through scheduled Independent Living Coordinator meetings, stakeholder meetings and other contacts made directly by CFS staff to tribal staff for coordination of child welfare services. SRS regional staff continue to serve youth who have been released from tribal jurisdiction and request services.

Kansas Kids @ GEAR UP is a U.S. Department of Education funded program with Wichita State University serving as the program administrator. The mission of Kansas Kids @ GEAR UP is to increase the number of students graduating from high school who are prepared for enrollment in post-secondary education, thereby enabling children to reach their full potential and consequently improving educational and social outcomes. Children in foster care placements are given top priority for services. Limited income children, those in adoptive care, and first generation children also qualify for this program. Program components for participants include tutoring, educational workshops, summer programs, ACT/SAT test preparation, mentoring, career option exploration, college scholarships and cultural activities.

The Kansas Department of Health and Environment (KDHE) did not apply for abstinence funding in FY 2010. They have submitted an application for the funds this fiscal year, and CFS will be coordinating with them to provide training to youth who are in foster care. Planning is in the early stages while KDHE awaits funding approval.

All Transitional Living Programs will be visited in SFY 2011. Information about Independent Living Services and NYTD will be shared during these meetings.

2. *Help youth receive the education, training and services necessary to obtain employment;*

The Independent Living Program provides life skills classes, workshops and individual services to ensure youth have the necessary education, training and services to obtain employment. Identified available resources, programs and services are as follows:

Youth Regional and State Conferences

Youth participate in regional conferences which offer information and resources on obtaining employment, including educational and training services and supports. They are able to participate in workshops for career planning and assessments and they receive information on health issues and postponing parenthood. Through funding of all five regional councils, meetings and special events were

held during 2009. Three regional councils held events during April 2010, and the remaining regional councils will hold events in May. The KYAC will host a statewide youth conference for all youth in care, including Juvenile Justice Authority and the tribes, July 28 and 29, 2010. The theme is based on the Kansas State motto: "To the Stars with Difficulty." Up to twelve workshops on the five areas identified in the 2010 work plan will be offered. The keynote speakers will be a youth formerly in care. Youth in care will co-present at many of the workshops.

Weekend Computer Camps

During the summer of 2009, four camps were held involving 140 youth. Four camps will be held during June 2010, for 130 youth. A priority selection is given to youth who are current high school seniors, youth who are working on completion of a GED, and youth who have already graduated from high school or completed their GED. The camps are provided by a contracted source with each youth receiving 2 ½ days of certified training in Microsoft applications and software. A one day camp has been added for youth who already have some computer skills. Youth are given the opportunity to interact with each other and design power point presentations which are presented to the group. Each participant receives a laptop computer, printer, a subscription to one year of internet activity, and an email account upon completion of the computer camp. Upgrades have been made to the equipment and service for 2010. It is anticipated the camps will be held in 2011, subject to available funding.

Supportive Services

Supportive services provided through contractors and SRS include:

1. career planning and counseling
2. identifying potential employers
3. resume development and interviewing skills
4. completing job applications
5. job shadowing, referrals and placement
6. securing work permits and social security cards
7. tuition, books and fees for job skills training

Youth are referred and encouraged to access services through Workforce Development Centers throughout Kansas.

The KYAC has identified in their work plans over the last couple of years, challenges related to secondary education and foster care. Although this is not a problem unique to Kansas, it remains a critical issue in the state for successful transitioning to self-sufficiency. Youth are at risk for losing or not receiving educational credits due to placement changes and moves. Kansas SRS has continued in 2010 the iGRAD system, initiated in FY 07 to address and tackle the education challenge for youth 15 and over in foster care. iGRAD provides a statewide data system that includes all youth 15 and over in out of home placement. The data includes placement history, school history, transcripts and educational credit information. The data base houses all credit requirements for all high schools in the state. Transcripts are analyzed to identify how many credits a youth has and how many are needed at their current school to graduate. Staff work with schools to search for potential credits a youth may have earned but did not receive credit for due to moves, lack of records or other factors. The database also calculates a risk score based on various risk factors, including age-grade match, placement/moves, and GPA. This calculation is then used to "triage" the youth most in need of immediate educational advocacy by the iGRAD system and team players. Team members who have access to individual youth's data are case

managers, school personnel, Social workers, foster parents and youth. iGRAD staff have facilitated more timely enrollment of youth when there is a placement or move in the system and have helped youth achieve credits that were lost or never received due to placement changes or specific school requirements.

Through research of all high schools in Kansas, no two schools have the same graduation requirements, which pose a huge challenge for our youth. There have been collaborative meetings including members of the Kansas Department of Education, Child Welfare Staff, youth themselves, Special Education and other school personnel to help make this project a success. iGRAD staff have provided trainings to child welfare staff, school personnel, Court Appointed Child Advocates, and Guardians Ad Litem, on the use of the database and the program. Continued efforts to educate users of the iGRAD system include individual hands-on work and focused training with providers, which have designated staff to support use of the system. The iGRAD system also provides on-line trainings for youth, like “Your First Day in a New School”, and other trainings that were identified by youth as beneficial to all youth.

3. *Help youth prepare for and enter postsecondary training and educational institutions;*

The Kansas Foster Child Educational Assistance Act which began July 1, 2006, provides tuition and required fees to be waived by educational institutions for any youth who meets the eligibility criteria up until the semester the youth turns 23 years Youth receive additional funds through ETV to help offset other costs of post secondary education.

SRS, contractor staff, JJA and Tribal staff have been informed of services available through the use of IL Coordinator meetings, stakeholders, and other information resources to understand benefits, program policies and procedures, including case planning requirements for youth interested in post secondary education or training programs through the Chafee and ETV program.

Youth are provided opportunities to visit educational institutions and training programs to help prepare them for decisions regarding their educational opportunities. Youth also receive assistance in completing FASFA and other financial applications, school applications and assistance in enrolling in educational or training institutions.

4. *Provide personal and emotional support to youth through mentors and the promotion of interaction with dedicated adults;*

All youth need mentors or older friends they can contact for advice, counsel, and support. Youth who have a responsible adult friend or relative to offer advice and to guide them have a greater chance of succeeding. This mentor may be a family member, former foster parent, minister, teacher, or other responsible adult in the community. All youth should be provided with opportunities to interact and develop relationships with dedicated adults in the community. If a youth has not identified a community advisor/mentor by age 16, SRS, in conjunction with the Child Welfare Community Based provider, will assist the youth in identifying an individual who can help guide them into adulthood. All youth prior to release of custody are required to have a connection to a positive adult role model.

The qualifications for Mentors include being age 25 or older; ability to pass Child Abuse/Neglect Central Registry and KBI security clearance; ability and willingness to work with adolescents and young adults; knowledge of budgeting and money management; knowledge of skills necessary to succeed in daily life; supports the goal of self-sufficiency; and can model responsible behaviors.

Mentors are responsible for participating in training and educational activities regarding the roles and responsibilities of being a mentor and maintaining regular contacts with the youth. Contacts with the youth are documented. Mentors act as a source of counsel, advice and support to the youth. They also advise the youth on budgeting and money management; advise and consult with the youth on details specific to youth's education or employment plan; and receive and disperse the monthly subsidy check (if this is the arrangement agreed upon by mentor and youth)

Mentors who are providing council and support to youth who are receiving IL subsidy may receive a monthly fee. This fee is not included in the amount of subsidy provided to the youth. Future change to current policy is being considered to clarify that the monthly fee is available to insure that all youth needing a mentor will have access to one, regardless of whether the youth receives IL subsidy.

5. *Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age;*

The state of Kansas has established a variety of services for adults 18 to 21 years of age. In addition, all independent living services available for youth 15 to 18 can be accessed by eligible former foster youth until their twenty-first birthday. Youth who were in an out of home placement for any length of time on or after their fifteenth birthday are also eligible for Chafee services through SRS.

Independent living subsidy is a time limited financial plan between a adult leaving foster care and the SRS office. The financial plan includes expectations from both the adult and the agency. The adult is expected to be working to achieve specified self sufficiency outcomes requiring an education or employment plan and to meet regularly with his or her community advisor, or mentor and agency staff.

Agency staffs are expected to work with the adult to help them locate resources necessary to achieve the outcomes and to provide needed training and encouragement. Adults eligible for subsidy must have been in SRS or Juvenile Justice Authority custody or under Tribal jurisdiction, and in a foster care placement on their eighteenth birthday. Eligible adults are those adults who have left foster care because they attained 18 years of age, and who have not yet attained 21 years of age. Youth must have been in a foster care placement on or after their 18th birthday to receive subsidy. Youth who are in out of home care served by the contractors are informed of their eligibility for independent living subsidy for 18-20 year olds through communication and transition planning coordinated by the provider and SRS.

Adults who are eligible for the independent living subsidy may receive up to \$300 per month for room and board expenses. All adults receiving subsidy are required to have an open Self-Sufficiency case plan with the agency, sign a subsidy agreement, have a written educational or employment plan, identify a community advisor/mentor, and have completed or be working towards completion of life skills training. Subsidy does not provide full financial support. Adults who receive subsidy must be lacking a current support system to adequately provide for their financial needs, be struggling financially, and be unemployed/underemployed but actively searching for employment. In addition, they must have exhausted other resources. It is expected the adult will assume increasing responsibility for meeting his or her needs while receiving subsidy.

Documentation is required to verify the adult's efforts at becoming employed and the adult's willingness to accept part time employment while seeking a full time job. Staff and the community advisor/mentor will verify the adult's is working with employment services and is following up on job possibilities. Funds should be used to support the employment search needs of the adult. Adults who are not actively working on a formal education or employment plan are not eligible for subsidy. Subsidy is based on the

adult's needs and his or her willingness to work with the agency on a time specified goal. Priority for use of these funds will be provided to adult who do not have family resources able or willing to provide support to the adult. The SRS worker, mentor, and youth will complete the appropriate forms which document the adult's goals, plan, and budget. All education and employment plans will be reviewed at least every six months or more frequently if the adult's circumstances change.

Thirty percent of Chafee funds were used for room/board for young adults ages 18 to 21 who have been released from custody from foster care and meet eligibility criteria. In SFY 09 and as of March, 2010, 328 adults have received Independent Living Subsidy for room/board through Chafee.

Youth who are leaving foster care to live in their first apartment or other housing arrangement may need a onetime payment for start up expenses, utility deposits, or supplies. A onetime maximum payment of \$500 is allowed for this purpose.

Adults who serve as the community advisory for youth who are receiving independent living subsidy may receive up to \$50 per month for their services.

SRS will also provide services and financial supports to support youth's completion of high school or GED and non-certified adult education or training that does not qualify through the ETV program as requested and needs are identified.

Adults ages 18-21 who are participating in independent living services through SRS may be referred under the CFS contract with Kansas Legal Services for determination of SSI benefits.

Kansas implemented its Medical Card Extension Program in March, 2004 to adults who turned 18 on or after July 1, 2003 who were in a foster care placement on their eighteenth birthday. Eligible adults may receive a medical card up until the month of their twenty-first birthday. Eligibility is extended to youth who were in the custody of SRS, JJA or tribal courts. All youth who apply or request Independent Living subsidy are required to apply for the Medical Card Extension Program.

ACYF-CBB-PI-05-06 provides instructions for setting up trusts if states so desire. In part, it states "jurisdictions could establish and maintain a trust fund for the purpose of assisting youth leaving foster care with expenses identified in the youth's overall individual IL plan." Any Chafee funds put into the trust still need to be expended by the end of the grant period. Therefore, the State of Kansas has made the decision to pay on a cash basis as expenses are incurred and has not established a trust fund for ETV youth.

Chafee Training Activities

Current training in support of the goals and objectives of the Chafee Foster Care Independence Program includes training recently completed on use of the Child-Worker Visit form designed to improve the quality of child/worker visits. In addition, the national Resource Center on Youth Development held a Training of Trainers in August 2009 on helping foster parents teach life skills to youth in their care. The TOT is being coordinated with the Children's Alliance. At the current time, it isn't anticipated Chafee funds will be utilized for training activities during FY 2010-2014.

EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM

Progress achieved and planned activities to meet the sixth purpose of CFCIP - Education and Training Vouchers (ETV) program

Describe the results of the States plan to establish, expand, or strengthen its postsecondary educational assistance program to achieve the purpose of the ETV program

The Education & Training Voucher program (ETV) serves youth by extending eligibility to the following for attendance at certified training programs and post secondary educational institutions not included in the Tuition Waiver program:

- Youth who graduate from High School or complete their GED while in a foster care placement and in the custody of the State of Kansas, or
- Youth who were in a foster care placement and in the custody of the State of Kansas when they attained the age of 18, or
- Youth with a finalized adoption from foster care after attaining age 16, or
- Youth who have been in a foster care placement and in the custody of the State of Kansas between the ages of 16 and 18, with an order of Guardianship attained after the age of 16, or
- Youth participating in the Education and Training Voucher program on their 21st birthday, until they turn 23 years of age, as long as they are enrolled in a post secondary education or training program and are making satisfactory progress toward completion of that program (satisfactory progress is defined by individual program guidelines.)

Youth who were in an out of home placement for any length of time after their fifteenth birthday may be eligible for the Education and Training Voucher Program.

Youth who are or have been in the custody of the State of Kansas who meet the eligibility criteria noted above and are pursuing a post secondary education or certified training program are also eligible for the ETV program. Youth affiliated with the tribes and in custody or jurisdiction of the tribal court are eligible for Chafee funding for services and post secondary programs. Youth in the custody of JJA, who meet the eligibility criteria, are also eligible. Through the ETV program, youth may be eligible for assistance with tuition, fees, books, supplies, room/board associated with post secondary education or training program, transportation, technical equipment, tutoring and medical services as needs are identified to aid the youth in successfully entering and completing post secondary education or training programs.

To receive ETV funds, youth must have an individualized independent living plan (Self-Sufficiency case plan), which indicates the youth's education or training plans and identified needs to accomplish the education or training goal(s). Youth are required to complete the Free Application for Federal Student Aid (FASFA) and applications for five scholarships, and indicate any financial aid they are awarded. The Independent Living Coordinator or Social Worker responsible for the youth's case keeps a record of all expenses and costs associated with ETV and the "Cost of Attendance" as defined in Section 102 of the Higher Education Act, so that the total shall not exceed the lesser of the limit per youth or the total cost of attendance, as defined in section 472 of the Act. The ETV year is identified by youth's individual ETV case plan dates and is not to exceed a twelve month period.

All payments and disbursements are made by SRS local offices. CFS maintains a record of all ETV funds disbursed through a special PCA and object codes used through the financial payment system. All ETV disbursements are paid using this special PCA code with appropriate object codes to document what

types of services or supports are being financed through ETV. The Independent Living Coordinator or social worker assigned to the case will be responsible for case plan oversight.

An extensive database that reports payments for youth participating in Self-Sufficiency services with SRS has been developed. The database includes all ETV youth and payments made for that youth, in addition to room/board payments, eligibility and participation of Foster Child Educational Assistance Act, and other payments on behalf of individual youth. This database will be accessed by all Regional SRS Coordinators as well as the State Coordinator to help coordinate and establish a central place where all payment information is recorded for these youth.

The Foster Care Tuition Waiver and ETV programs are communicated to youth through contractors and SRS staff during transition planning. Youth are also provided services and supports to help them prepare for and enter post secondary education and training programs. Information on and assistance with financial aid grants and scholarship applications, assistance in completing high school or GED requirements in order to qualify for admissions to post secondary education institutions or training programs, tours to universities/college fairs, SAT preparatory classes, college counseling, and tutoring is provided.

The ETV program was implemented in the fall of 2003. Youth who left foster care at age 18 are eligible for benefits, as well as youth who graduated from high school or who completed their GED while in foster care prior to their eighteenth birthday. Youth with a finalized adoption or permanent order of guardianship attained on or after their sixteenth birthday are also eligible. Tribal youth, youth in custody of the Commissioner of JJA, and youth in custody of SRS are all eligible for the ETV program.

The Kansas Child Welfare agency, SRS, administers the ETV program solely. Regional Independent Living Coordinators in the field are trained on ETV benefits and payment information and carry out the ETV program with youth in their region. During SFY 2009, from July, 2008 to June 2009, 309 youth received ETV. For SFY 2010, from July, 2009 to February, 2010, 357 youth received ETV. From July 2008 to June 2009: 309 youth received ETV, 77 were new to the ETV Program. From July 2009 to June 2010: 357 youth received ETV, 272 were new to the ETV program.

During the period of July, 2008 to June, 2009, 249 students participated in the tuition waiver program through the Foster Child Education Assistance Act. 110 youth were approved for the tuition waiver to attend the fall 2009 semester, and 39 additional youth were approved to attend the spring 2010 semester.

Preparation to Implement the National Youth in Transition Data Base

The state continues preparation for the implementation of the National Youth in Transition Data Base. The Kansas Youth Advisory Council has been consulted about effective ways of reaching youth for the purpose of surveying them. The Council has established a page on Facebook, and will be posting information about NYTD there. There will be a link from this page to the online survey. Kansas Independence, a web site developed to target youth to address substance abuse and prevention, will have a link to the online survey as well.

A data system is being developed by the agency to track the location and contact information of youth in the baseline and follow up populations. This project has recently completed the design stage and is scheduled for testing and completion July, 2010. Agency and provider staff have been introduced to the system and had input into its development. It is anticipated that surveying of youth in the baseline population will begin October 1, 2010 successfully.

Coding and reporting of IL services provided to youth in the served population will begin testing during July through September, 2010. Information has been provided to the tribes about including tribal youth in the reported population. The Agency is working with the Juvenile Justice Authority to establish reporting of IL services to youth served by JJA. Youth served by the JJA may receive IL services beginning when they are 16 years of age. Work will continue to develop a way of reporting these youth and their services for NYTD.

SUPPORTING INFORMATION

Collaboration with the Juvenile Justice Authority

Children and Family Services collaborates with the Juvenile Justice Authority to facilitate joint meetings with state personnel, providers and stakeholders providing services for both agencies. Youth Residential II providers have been involved in meetings with both agencies to improve the quality of services delivered in YRC II facilities, while at the same time, addressing system wide coordination issues. Juvenile Intake and Assessment service delivery continues to be addressed. Both agencies work together with the state Medicaid agency on mental health service delivery concerns for children in custody.

Juvenile Justice Transfers

The Juvenile Justice Authority is the designated State agency for serving juvenile offenders who have been placed in the custody of the Commissioner of JJA by the courts. CFS staff is responsible for determining if juvenile offenders in JJA custody are eligible for IV-E and Medicaid. Staffs from both CFS and JJA communicate and coordinate work related to these cases. When the court orders that a youth is to be served as a juvenile offender, the youth is transferred from SRS custody to JJA custody by scheduling a transfer date with the local JJA agency. The court order and current case plan are forwarded to the local JJA agency and agencies from which the youth might receive benefits (SSA, VA, etc.) are notified of the transfer. Transfer to JJA Custody is a category of "Reason for Ending Out of Home Placement" maintained in the Family and Children Tracking System (FACTS) on a monthly basis.

Juvenile Justice Transfers

	1	2	3	4	5	6	7
Year	2004	2005	2006	2007	2008	2009	2010
Number	52	49	50	67	71*	66*	54

*Numbers have been updated to reflect final data entry.

States have been encouraged to engage in data analysis to define the population of youth who cross over from child welfare to juvenile justice. Cross over or 'cross jurisdictional' youth is an emerging issue most states struggle to track and measure. Report highlights of youth leaving Custody of the Secretary

of SRS in SFY 2009 include:

- 2.9% (n = 54) of youth were subsequently placed in the custody of the Commissioner of the Kansas Juvenile Justice Authority.
- 1.7% (n = 31) of youth were subsequently served in a Juvenile Intensive Supervision Probation case.
- 1% (n = 19) of youth subsequently entered a Juvenile Correctional Facility placement.
- The average length of time from the end of SRS custody to the start of JJA Custody is 1.5 months.
- Of all youth with a juvenile offense adjudication, 'Person-Other Crimes' is the most prevalent offense (48%).
- Of all the offenses committed by youth, most (96%) occurred in the same county they were adjudicated a Child in Need of Care (CINC).

Attachment 23, examines data for three milestones of service for youth entering Juvenile Justice Authority Programs SYF 2005-2009.

Inter-Country Adoptions

States must describe services for children adopted from other countries and report the number of children who enter custody when an international adoption disrupts or dissolves when parental rights are terminated or relinquished including information on any agency involved, plans for the child and the basis for the disruption or dissolution.

If the adoption of a child from another country would disrupt and has not been finalized, the adoption agency would be contacted who then would assume responsibility for the child. If the adoption of a child in Kansas has not been finalized and no agency is involved or the child is not here for the purpose of adoption, the consulate for the child's country would be contacted and they would plan for the child accordingly. In the interim, the state agency would provide the same care and services to protect and care for this child as they do for any child. If a finalized adoption would disrupt and the child would be placed in the custody of the state, they would enter foster or kinship care and receive the same care and services as any other child in state custody. The FACTS database shows whether a child in state custody has had a previous adoption, whether the parents have relinquished their parental rights or the court has terminated their rights.

Adoptive Agency

Basis of the disruption or dissolution

Plans for the Child

African Christian Fellowship International (ACFI)	When the B's adopted JB they thought he was several years younger than he was. They decide to end the adoption due to JB being older than originally thought. JB was sent to a home in North Carolina by the adoptive family. The resource home there was known for fostering kids through the adoption agency when the adoptions failed. That resource home kept JB for 4	JB has been referred for adoption recruitment. He states that he still would like to be adopted. The case plan goal will be adoption with OPPLA being a secondary goal if an adoptive placement is not located for him. Medical testing has been sought to determine his age so that legal paperwork can be created for him reflecting the correct information.
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	<p>years. The resource mother eventually sent him back to Wichita because she thought JB was getting out of control, engaging in stealing and gang involvement.</p> <p>When JB was sent back to the Bs, they arranged for a private placement at the Wichita Children's Home (WCH). The Bs planned to send JB back to Liberia but SRS intervened.</p>	<p>The results of this medical testing have not been received.</p> <p>JB will have his educational needs met by obtaining his GED. JB was placed in the 6th grade in North Carolina prior to moving here, as he was reported to be only 12 years old. His actual age is likely between 15-17 years of age.</p> <p>JB receives medication management, individual therapy, and substance abuse treatment.</p>
unknown	<p>JC was adopted from Russia at about age 18 months. He is now 17 ½. He came into custody in April 2009 when his adoptive parents refused to have him return to their home following a placement in a psychiatric residential treatment facility.</p>	<p>The case plan goal for JC is OPPLA, but adoptive family recruitment continues as a task on his case plan. His adoptive parents moved out of state and there is no contact with them.</p>

Child Welfare Demonstration Projects

The State of Kansas hasn't received an ACF Demonstration Grant involving the use of title IV-B funds to maximize the use of flexible title IV-E dollars with an approved waiver for the Demonstration Grant.

Kansas Family Advisory Network

The Kansas Family Advisory Network, Inc. (KFAN) was established as part of the Systems of Care Grant to sustain integration of family/customer involvement throughout child welfare and to provide an avenue for non-adversarial consumer voice. KFAN acknowledges that all consumers including the birth parent should be heard. The uniqueness of KFAN is inherent in its ability to serve as a network connecting existing and new consumer individuals and groups (family partners) with child welfare and its extensive community affiliates such as law enforcement, juvenile justice, the courts, and others (community partners).

The purpose of KFAN is to:

- promote safety, permanency, and well-being for children and families by establishing, engaging, educating, supporting, and sustaining family involvement in child welfare;
- provide support and education to children and families who have, are, or may be at risk of experiencing loss of safety, permanency, or well-being;
- promote collaboration and partnerships among birth parents and other caregivers including but not limited to foster/resource parents, adoptive parents, relatives/kin; child welfare services; social service practitioners; law enforcement; court services; policymakers; and the society at large.

Promoting Safe and Stable Families Methamphetamine or other Substance Abuse Grant (Kansas Serves Substance Affected Families (KSSAF))

In October, 2007, the state received a Regional Partnership Grant award of \$500,000 annually for 5 years from the Administration for Children and Families under the grant titled, "Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for Children Affected by Methamphetamine or other Substance Abuse". The agency has partnered with Kansas University, the five Child Welfare Case Management Providers, Kansas Alliance for Drug Endangered Children, LutraGroup and inDepth Learning to implement the federal grant.

Kansas Serves Substance Affected Families (KSSAF) is serving two populations:

1. In conjunction with the University of Kansas the state implemented an evidence-based model parenting program, Strengthening Families Program (SFP), as part of a partnership and community-wide strategy for the prevention of child maltreatment in children and their families affected by methamphetamine or other substance abuse. The children involved in this parenting program are either at risk of removal from their homes or have been removed with the goal of reintegration. Families participate in a 14-week evidence-base educational family skills training program to positively impact the following domains: parenting, family attachment, parental substance use, understanding risk and protective factors to avoid substance use, and child behavior. It is anticipated that through participation in this program, children will be maintained in their own homes or if out-of-home, reintegration will occur more quickly.
2. In partnership with University of Kansas and inDepth Learning, a web-based approach to prevention and early intervention of substance abuse was designed for older youth. Beginning in the winter 2010, youth age 15 and older in foster care and former foster youth receiving independent living services are targeted as part of their case planning and life skill services. The web site is: www.kansasindependence.org

The year two evaluation report for this project was from October 1, 2008 to September 30, 2009. At the end of year two, all five Child Welfare Case Management Providers across the state have staff trained in SFP and they continue to provide SFP classes to families twice a year. The independent living web site was designed and marketed to older youth. Attachment 24 is the year two evaluation report.

FOSTER AND ADOPTIVE PARENT RECRUITMENT

The Reintegration/Foster Care/Adoption Providers each have developed recruitment plans that include general, targeted and individual recruitment strategies. General recruitment events may include representatives from several or all Child Placing Agencies in a Region, and include older youth, foster parents, the faith community, school personnel, and other community partners. Targeted recruitment efforts focus on recruitment and retention of foster families who reflect the ethnic and racial diversity of children in their region who are in need of out of home placement. Participants in targeted recruitment activities may include audiences of individuals familiar with working with special populations, people in the helping professions, Hispanic television and radio stations, NAACP, African/American fraternities and sororities, and churches that have memberships with a large number of minorities in their congregation. Targeted recruitment also occurs in communities specified as needing more foster homes based on referral and placement data.

The Children's Alliance is administering funding to support recruitment activities. The CWCMP providers meet monthly with the Children's Alliance and report out recruitment activities. The Children's Alliance reports recruitment efforts in a statewide report and submits the report to SRS each month. They have set up a Web-based calendar for all Child Placing Agencies in the state to share recruitment activities. Website links to the Providers' recruitment calendars have been added to the Children's Alliance website. Also, the Children's Alliance and Child Placing Agencies in Kansas have joined forces and funds to pay for recruitment ads on radio and television.

CFS participates in the Adopt US Kids Campaign to recruit and train more foster families. Adopt US Kids forwards information about Kansas individuals who have contacted them to the statewide Adoption Exchange Provider, Kansas Children's Service League. This provider contacts the individual/family, provides information about adoption/fostering in Kansas, and begins the process of tracking their progress toward placement of a child. KCSL has maintained the Adoption Exchange for a number of years, and this will streamline and shorten the process of responding to families who are interested in adoption. The Adoption Exchange Provider also partners with the CWCMPs to organize adoptive home recruitment activities across the state. Television and newspaper profiles, Klicks for Kids Exhibits, church bulletin inserts and community events are scheduled throughout the year.

Through a contract with Children's Alliance of Kansas, CFS continues to operate a toll free number for persons to call when they are interested in learning more about becoming a Kansas foster family. Children's Alliance of Kansas staff will continue to provide interested individuals calling this telephone number with information about the local licensed child placing agencies in the individual's county or will ask those agencies to make contact with the person. The caller chooses which contact method they prefer.

The rural areas within the State continue to pose a challenge in regard to having an adequate amount of foster homes available. This appears to have the greatest impact on placement stability. Oftentimes, children, especially difficult adolescents, are placed in the most appropriate home available, even though it may not be the ideal match. Major Program Improvement Plan action steps and benchmarks involved developing additional strategies for recruitment of adoptive families for older children, children with special needs, children with behavior problems and large sibling groups. As part of the Program Improvement Plan, there has been work with the NRCRRFAP, child welfare providers, and the Children's Alliance to increase available homes to meet the needs. Recruitment also targeted to those parts of the state needing to develop the most foster homes.

The most recent updated CFSR Program Improvement Plan Matrix documenting these activities is Attachment 4.

Placement Stability Project

Data was collected regarding which counties where there were 50 or more children in out of home placement had the highest number of children that have changed placements 3 or more times. The counties were Barton, Finney and Reno and all are served by Saint Francis Community Services. They are in the West and South Central SRS Regions. Administrators from SRS and St. Francis were invited to work with CFS and 3 NRCs (NRCRRFAP AdoptUSKids, NRCOI, and NRCFCPPP) to develop strategies to address the issues.

The work started with a sample case read to gather information about the issues related to placement stability and permanency planning. On-line surveys about issues with placement stability were completed with foster parents and staff from the Child Welfare Case Management Provider and SRS in the 3 counties. The NRCs also did telephone surveys with key stakeholders. Lastly focus groups were conducted in each county using the appreciative inquiry model. The NRCs prepared a report with their findings and recommendations about recruitment and retention needs and activities. The report is Attachment 10. The final report was shared with the CWCMPs and they have developed plans to improve outcomes regarding placement stability.

Strategies include:

- “Good Start©” and “Continued Success©” meetings with foster parents to assure that foster children are doing well in their homes
- In-home Family Therapy and Trauma Systems Treatment to support children in foster care
- Development of support plans for foster parents
- Targeted recruitment for families to serve special populations of foster children
- Training staff and foster parents on the importance of placement stability and maintaining connections, and the impact of frequent moves
- Continued efforts to locate relatives/kin and place children with them if possible
- Increased communication between case managers and foster home workers
- Focus on Concurrent Case Planning when appropriate
- Inclusion of foster parents in initial team meetings, case planning, and other aspects of provision of care
- Improved foster parent/child matching, including pre-placement visits when feasible
- Mentors for new foster parents.

Kansas Foster and Adoptive Parent Association (KFAPA)

The Kansas Foster and Adoptive Parent Association (KFAPA) became a non-profit agency in June 2008. They have elected board members and established standing committees. A State grant supports a portion of the work of their organization statewide. Additional funds were provided by the Court Improvement Program based on the recommendations by SCTFPP that foster parents receive training on the role of court participants.

Activities for KFAPA in SFY2010 include becoming an active member of the Children's Alliance Training Committee, the Relatives as Parents Program Advisory Task Force, the Governor's Conference on the Prevention of Child Abuse Planning Committee, and a participant in Foster Care Affair. They have been invited to apply for a position on the Child Safety and Permanency Panel, and an application has been submitted. KFAPA was actively involved in the KDHE BEST Teams that reviewed the foster care homes and Child Placing Agency licensing regulations. They have an active website, and receive many inquiries from families via the website.

The KFAPA/KFAN conference, "Connecting the Dots", was held in Topeka on July 10-11, 2009, and approximately 150 people attended. The feedback about the conference was very positive. They are currently working on a Parent Summit to be held on July 10, 2010, where families will gather to discuss the child welfare system and make suggestions and/or recommendations for positive change.

KFAPA has formed positive connections with Child Placing Agencies, SRS, KDHE, OJA, and KFAN. They are committed to working in the child welfare arena to empower foster, adoptive and kinship families, and feel

that better trained and informed families provide a higher quality of temporary or permanent parenting to the children in need.

Non-related kin are able to have the child placed in their home after background checks are completed, an assessment is made of their ability to meet the child's needs and their home meets the child's safety needs. These foster families are required to complete PS-PS-MAPP training and all of the requirements for licensure prior to receiving a full foster home license from Kansas Department of Health and Environment.

Children's Alliance will collaborate with child placing agencies to assess, develop, distribute and evaluate training identified as needed by foster parents who are caring for older youth with mental health and behavioral needs in their homes. They will assist a Child Welfare case management Provider in piloting training for foster parents on how to teach life/independent living skills to youth in their care.

The most recent updated CFSR Program Improvement Plan Matrix documenting these activities is Attachment 4.

ADOPTION INCENTIVE PAYMENTS

For FFY 2010 the State of Kansas received \$800,000 in Adoption Incentive funding. All funds must be obligated for projects prior to September 30 and final invoices submitted by December 31. The State made a commitment to infuse these funds into the system for statewide recruitment efforts. Contracts were continued with the Children's Alliance to engage in activities to improve recruitment and adoption outcomes statewide. A major initiative by the Children's Alliance and member agencies has been to work with a consortium of TV broadcasters to develop a statewide foster family recruitment campaign. The TV campaign has dramatically increased the number of calls to express interest in becoming a foster or adoptive parent. The Kansas Foster and Adoptive Parent Association, Kansas Family Advisory Network, OJA, KDHE, CFS and Children's Alliance hosted a statewide Conference, during July 2009 for birth, foster and adoptive families. Regional awards were provided for special projects unique to each region. The breakout below describes the categories for use of the funding.

- Publicity/Advertising/Recruitment
- Foster Parent Training
- Staff Training
- National Adoption Day Events
- Conference on Alcohol and Drug Use/Permanency Planning
- Youth Permanence Incentives
- Flex Funds for various needs
- Regional use for Special Prevention Projects

For FFY 2010, the State of Kansas estimates it will receive \$72,000 in Adoption Incentive funding. Due to its success, the funds will be utilized to continue the initiative by the Children's Alliance and member agencies to work with a consortium of TV broadcasters in developing the statewide foster family recruitment campaign. The campaign will be airing ads on Spanish speaking channels as local networks. All funds will be obligated by 9/30/11 and liquidated by 12/31/11.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)

Frequency of extended 75-day period for intense Home Studies

FY 2007 (10/1/2006 to 9/30/2007):

Total Cases Received	Cases Approved Within 60 Days	Cases Denied Within 60 Days	Extension Requested, Then Approved Within 75 Days	Extension Requested, Then Denied Within 75 Days	Completed More Than 75 Days
118	44	26	13	7	28

FY 2008 (10/1/2007 to 9/30/2008):

Total Cases Received	Cases Approved Within 60 Days	Cases Denied Within 60 Days	Extension Requested, Then Approved Within 75 Days	Extension Requested, Then Denied Within 75 Days	Completed More Than 75 Days
181	16	48	38	34	31

FY 2009 (10/1/2008 to 9/30/2009):

Total Cases Received	Cases Approved Within 60 Days	Cases Denied Within 60 Days	Cases Approved – Over 60 Days	Cases Denied – Over 60 Days
186	52	66	40	28

Update: According to the ACYF-CB-IM-06-03, extensions were not to be granted after September 30, 2010.

Reasons for home studies not being completed within 60 days include the following:

- time needed for federal criminal background checks,
- court order not in packet,
- court order in packet didn't have judge's signature,
- family's response time.

Many times, families need additional time to consider potential placements in relation to their current family's circumstances. Or, the time it takes to complete medical examinations, home study visits, and other activities which involved taking time off of work resulted in the delay. Families need time to process whether the child's placement would be beneficial for the children being placed or their own family. The extent to which the 75-day extension resulted in resolution of circumstances that necessitated the extension are seen in the above chart.

View-only access to the ICPC database has been given to CWCMP and local SRS ICPC staff, which makes information easily accessible and timely. The database has enabled staff to closely monitor cases as the time period for completion approached. This proactive approach has been helpful in facilitating more timely completion of home studies.

Actions taken by the State include on-going coordination with the Office of Judicial Administration, an updated ICPC Training Manual on the Web for easy access by providers and staff which has been well received. Regular ICPC teleconferences have begun with ICPC administrative staff, provider and SRS regional staff. Technical assistance is provided with group discussion of the processes and varied approaches to meet timelines. Workers learn from each other as well as receive clarifications when needed. The electronic scanning of referrals from the Kansas ICPC to Kansas local offices has helped reduce time involved in completing home studies.

It is important to note that Kansas does not track “completed preliminary home studies” due to the significant information still pending which needs to be considered in determining whether a placement can be approve or should be denied.

FINANCIAL AND STATISTICAL INFORMATION

The CFS-101 is an attachment to the E-mail as a PDF. File. Included with the CFS-101 is supporting documentation regarding Title IV-B Subpart 1 expenditures.

Section I - Financial Information

Part 2 - Payment Limitations - Title IV-B, Subpart 2

State & local share spending for Title IV-B, subpart 2 programs for FFY 2008 against SFY 1992 base year amount - nonsupplantation requirements in Section 432(a)(7)(A)

Category	<u>1992</u>	<u>2008</u>
Family Services	\$ 1,661.00	\$ 772,501.00
Family Preservation	\$ -	\$ 4,132,735.00
Time Limited Reunification	\$27,424,568.00	\$150,332,611.00
Adoption promotion & support	\$ 1,072,510.00	\$1,657,807.00
Total	\$28,498,739.00	\$74,956,034.28